



# Dental Prophylaxis



Alaska Native Tribal Health Consortium  
Department of Oral Health Promotion

# Dental Prophylaxis

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To prepare the Alaska Dental Health Aide to prevent and treat periodontal disease, the following presentations are in the Prophylaxis Book.

- Periodontal Disease
- Prepare and Set Up
- Dental Prophylaxis
- Periodontal Probing
- Explore for Calculus
- Powered Devices
- Hand Instrumentation
- Instrument Sharpening
- Selective Polishing
- Sulcular Irrigation
- Documentation and Recall
- Terms to Know
- Field Guides



Chapter 1

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# Periodontal Disease

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# Periodontal Disease

Notes

## Terms to Know



**Bulbous:** swollen or bulging.



**Calculus:** mineralized plaque that provides a rough surface for sticky plaque to adhere.



**Furcation:** the notch or space exposed between the roots of multirouted teeth.



**Gingival recession:** as periodontal disease progresses, the gingiva may recede, leaving portions of the roots of teeth exposed below the cemento-enamel junction (CEJ).



**Gingivitis:** a bacterial infection that is confined to the gingiva. It is reversible.



**Mobility:** movement



**Periapical:** the area surrounding the end of the tooth root.

# Periodontal Disease

Notes



**Periodontal:**

supporting and surrounding tissues around the tooth.



**Periodontal disease:**

inflammatory process of the gingival tissues and/or periodontal membrane of the teeth, resulting in an abnormally deep gingival sulcus, possibly producing periodontal pockets and loss of supporting alveolar bone



**Periodontal pocket:**

indicates the presence of an abnormal depth of the gingival sulcus where the gingival tissue contacts the tooth. A normal sulcus measures 3mm or less.



**Periodontitis:**

a bacterial infection, with inflammation of the periodontium including the gingiva, periodontal ligament, bone, and cementum. Loss of attachment and tissue is irreversible.



**Periodontium:**

tissues comprising gingival, cementum, periodontal ligament, and alveolar bone that attaches, nourishes and supports the tooth.



**Plaque:**

a soft sticky substance that accumulates on teeth composed largely of bacteria and bacterial by-products. Plaque is the primary cause of gingival inflammation and most other types of periodontal diseases.

# Periodontal Disease

Notes



## **Prophylaxis:**

commonly referred to as prophy or cleaning. It is the technical term for the removal of plaque, calculus and stain from tooth structures. It is intended to control local irritant factors.



## **Recession:**

areas where the gingiva has moved away from the crown of a tooth.



## **Stippling or stippled:**

textured surface of gingiva similar to the surface of an orange.



## **Subgingival calculus:**

forms on root surfaces below the gingival margin and can extend into periodontal pockets



## **Sulculus:**

the natural space found between the tooth and the gum tissue; sulcular refers to the sulcus.



**Supragingival calculus:** found above the margin of the gingiva.

# Periodontal Disease



## Overview

- Periodontal diseases are mainly the results of infections and inflammation of the gums and bone that surround and support the teeth.
- In its early stage, called gingivitis, the gums can become swollen and red, and they may bleed.
- In its more serious form, called periodontitis, the gums can pull away from the tooth, bone can be lost, and the teeth may loosen or even fall out.

Notes

**Presentation 1.1**

PERIODONTAL DISEASE

G. Todd Smith, DDS, MSD

A thumbnail of a presentation slide titled "PERIODONTAL DISEASE" by G. Todd Smith, DDS, MSD. The slide is light gray with a small speaker icon in the bottom right corner.

Gingivitis

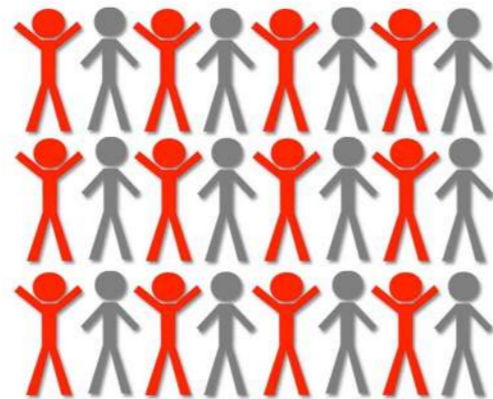


# Periodontal Disease

## Prevalence

One out of every two American adults aged 30 and over has periodontal disease, according to recent findings from the Centers for Disease Control and Prevention (CDC). A study titled *Prevalence of Periodontitis in Adults in the United States: 2009 and 2010* estimates that 47.2 percent, or 64.7 million American adults, have mild, moderate or severe periodontitis, the more advanced form of periodontal disease. In adults 65 and older, prevalence rates increase to 70.1 percent.

The findings also indicate disparities among certain segments of the U.S. population. Periodontal disease is higher in men than women (56.4 percent vs. 38.4 percent). Current smokers (64.2 percent) had a much higher prevalence



of severe periodontitis. This is consistent with the 2004 *Surgeon General's Report on the Health Consequences of Smoking*, which infers a causal relationship between smoking and periodontitis. Other segments with high prevalence rates include those living below the federal poverty level (65.4 percent), and those with less than a high school education (66.9 percent).



Bacili



Cocci



Spirilli

## Causes

Bacteria in the mouth infect tissue surrounding the tooth, causing inflammation around the tooth leading to periodontal disease. When bacteria stay on the teeth long enough, they form a film called plaque, which eventually hardens to tartar, also called calculus. Tartar build-up can spread below the gum line, which makes the teeth harder to clean. Then, only a dental health professional can remove the tartar and stop the periodontal disease process.

## Prevention and Treatment

According to the American Academy of Periodontology the best ways to prevent periodontal disease are to avoid smoking, maintain control of diabetes, have regular dental cleanings, and practice good oral hygiene.



# Periodontal Disease

## Review 1.1

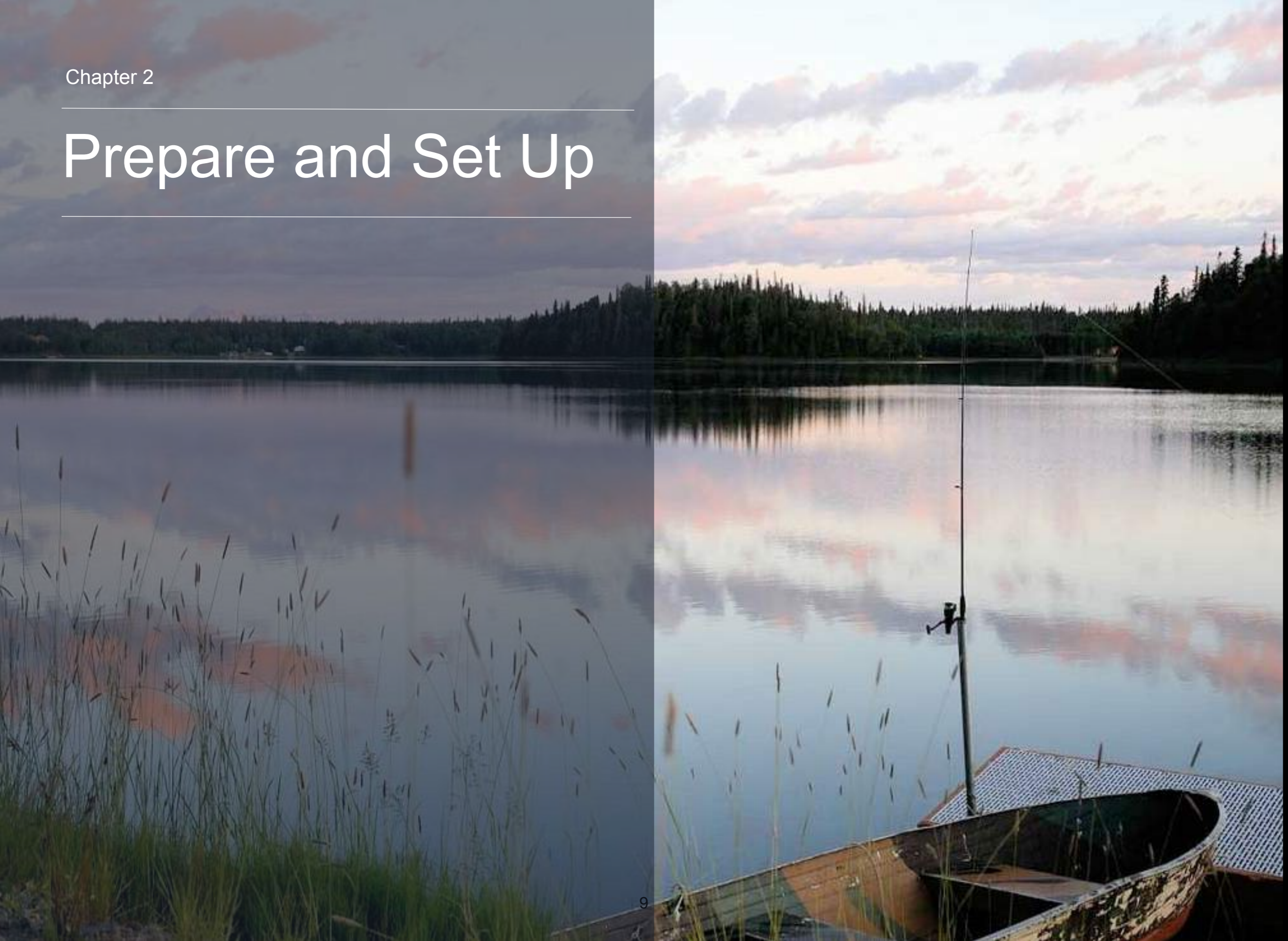
Question 1 of 14

Which statement describes a healthy periodontium?

- A. Gingiva is stippled.
- B. Papillae are blunt.
- C. Gingiva bleeds on probing.

Chapter 2

# Prepare and Set Up



# Prepare and Set Up

Note  
Pad

Notes

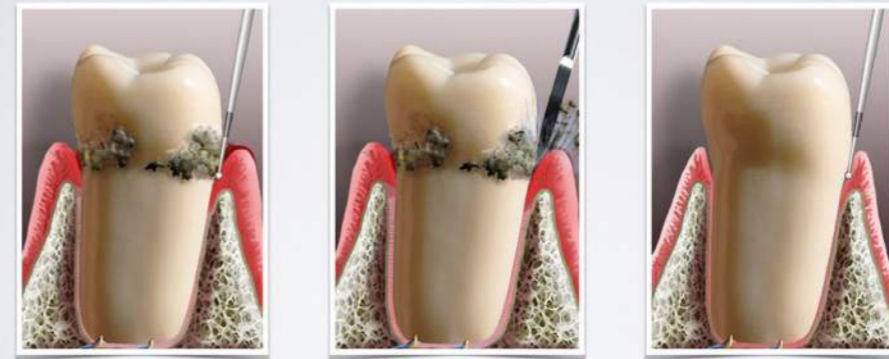
## 12 Steps of the prophylaxis appointment

1. Prepare and set up
2. Visually inspect teeth and gums
3. Probe to record CPI/ PSR
4. Explore/detect calculus
5. Use disclosing solution
6. OHI
7. Use powered device
8. Perform hand instrumentation
9. Explore to ensure calculus is removed
10. Selectively polish and apply fluoride
11. Clean up
12. Documentation and recall

### Presentation 2.1

## DENTAL PROPHYLAXIS

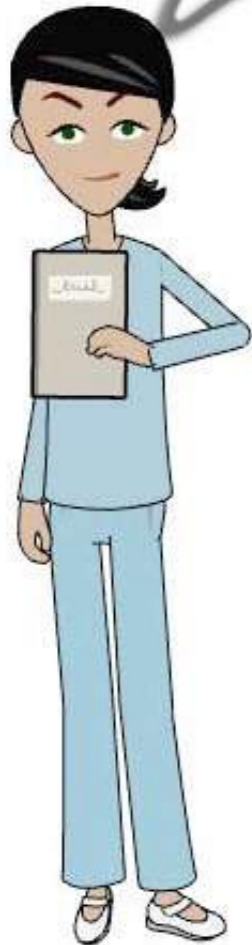
Todd Smith, DDS, MSD



# Prepare and Set Up

Notes

I see Mrs Jones is in for a cleaning.



### DHA Educational Program

#### DENTAL EXAMINATION RECORD

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A B C D E F G H I J<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16<br><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32<br><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| T S R Q P O N M L K<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |   |  |
|---|---|--|
| Periodontal Diagnosis: <u>Gingivitis</u><br>CPITN: _____<br>Date: <u>6/5/2015</u> | Periodic Exam Recall Interval (Based on Peri/Caries Risk Assessment): <u>6</u> Months<br>Date Due: <u>12/5/2015</u> | Motivational Interviewing: <input checked="" type="radio"/> Ready <input type="radio"/> Not Ready<br>Menu Items Selected: <u>Serve juice only during meals</u><br>Date: <u>6/5/15</u> Follow Up Date: <u>6/15/15</u> |
|---|---|--|

|   |   |
|---|---|
| <b>TREATMENT PLAN</b><br><u>Comprehensive Exam Pano, 2 BWX</u><br><u>Prophyl FI - OHI</u> | <b>PREVENTION ASSESSMENT</b><br>Periodontal Risk Assessment: High Mod <u>Low</u><br>Caries Risk Assessment: High Mod <u>Low</u><br>Oral Cancer Screening: Yes <u>No</u><br>Follow Up Needed: Yes <u>No</u><br>Appointment Date: <u>1/1</u><br>Tobacco Use: Yes <u>No</u> Type: _____<br>Tobacco Cessation Information Provided: Yes <u>No</u><br><b>Referrals:</b><br>Hygiene: Yes <u>No</u><br>Date Referral Completed: <u>1/1</u><br>Operating Room: Yes <u>No</u><br>Date Referral Completed: <u>1/1</u><br>Orthodontics: Yes <u>No</u><br>Date Referral Completed: <u>1/1</u><br>Oral Pathology: Yes <u>No</u><br>Date Referral Completed: <u>1/1</u> |
|---|---|

|   |   |   |
|---|---|---|
| Patient/Parent: <u>Mary Jones</u><br>Print: _____<br>DHA Student: _____<br>Print: _____<br>Supervising Dentist: _____<br>Print: _____ | Sign: <u>Mary Jones</u><br>Sign: _____<br>Sign: _____ | Date: <u>6-5-2015</u><br>Date: _____<br>Date: _____ |
|---|---|---|

|   |  |  |
|---|--|--|
| Patient: <u>Jones</u> <u>Mary</u> <u>K</u><br>Last First MI | WEIGHT: <u>162</u> lbs<br>MAXIMUM DOSE<br>Lidocaine: <u>330</u> mg <u>9</u> carpules<br>Septocaine: <u>25</u> mg <u>7</u> carpules | DOB: <u>1/9/1956</u> Preferred Name: <u>Mary</u> |
|---|--|--|

Rev: 7-16-12

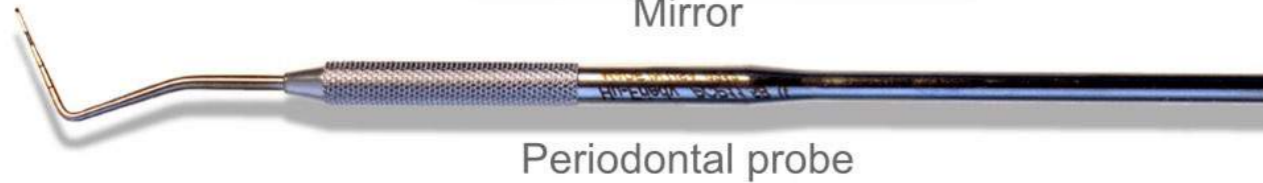
# Prepare and Set Up

## Set Up

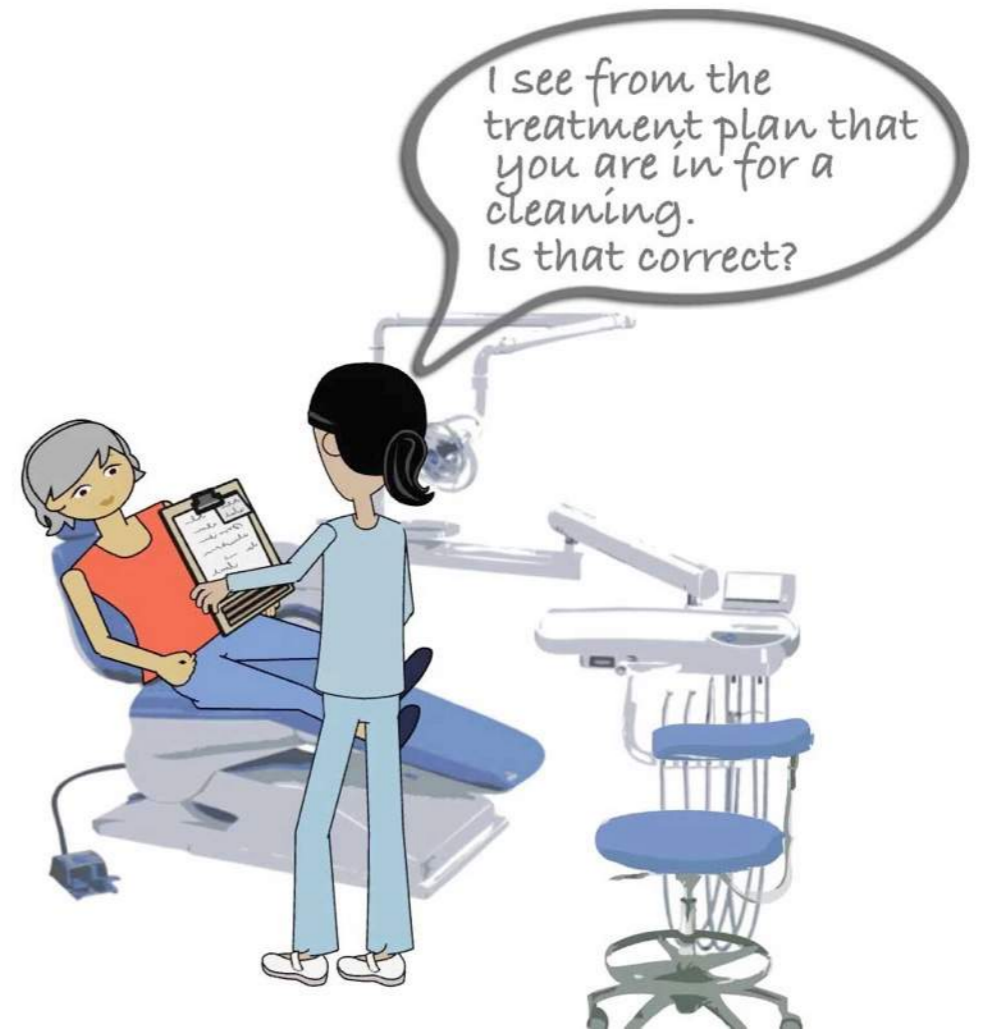
Notes



### HAND INSTRUMENTS

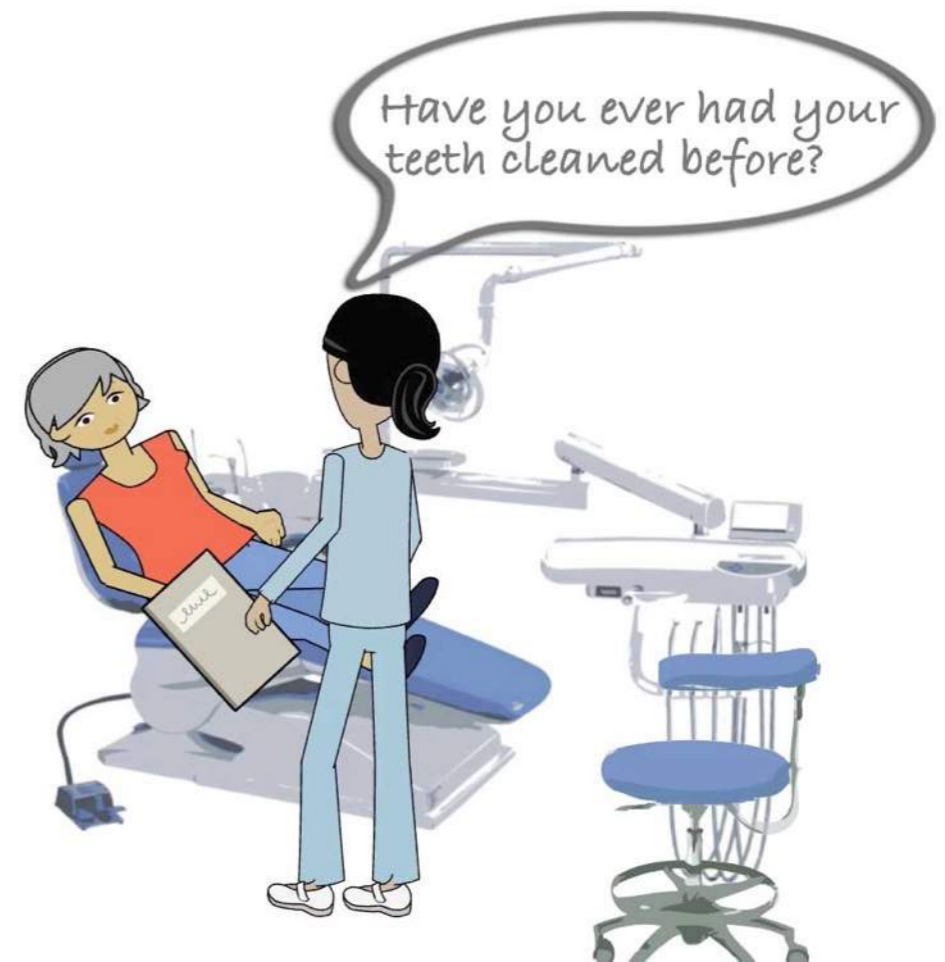


# Prepare and Set Up



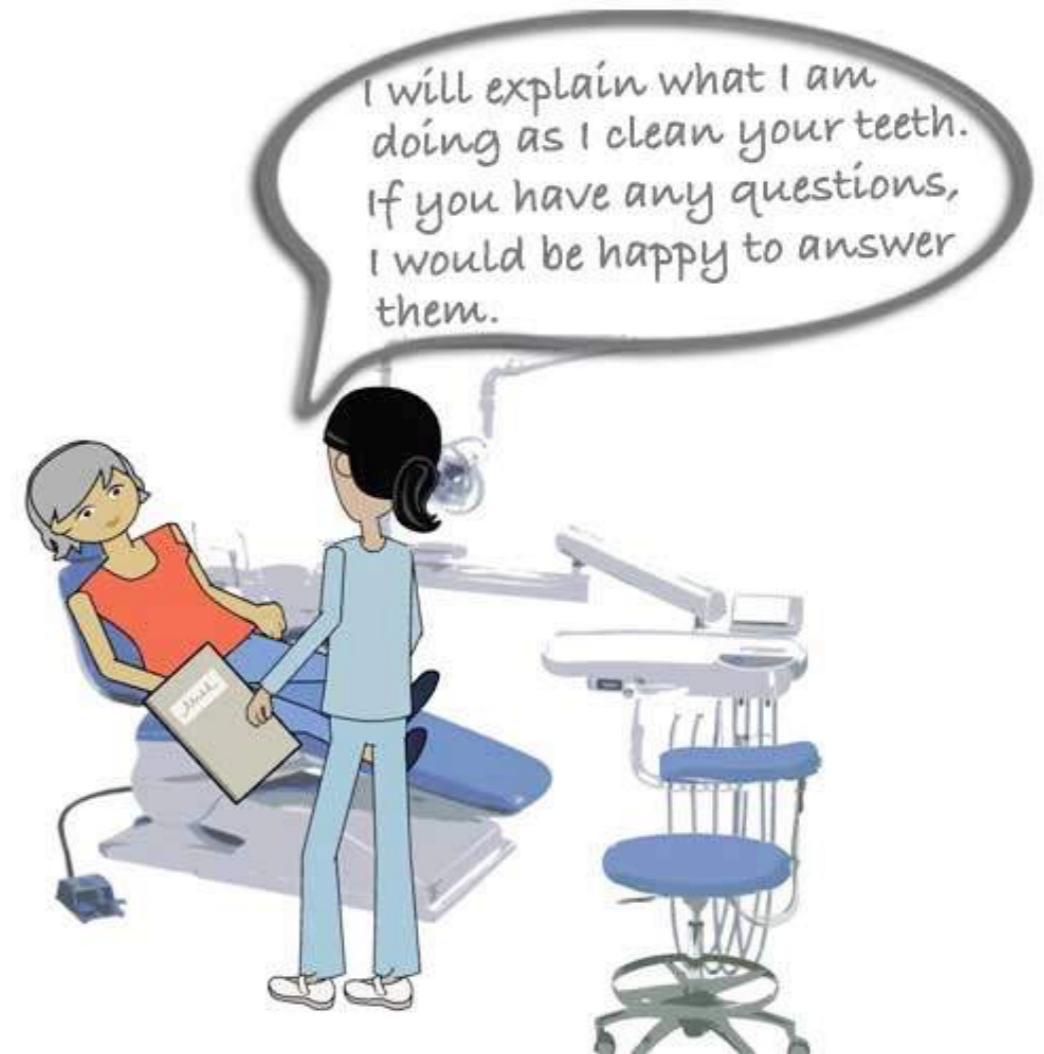
# Prepare and Set Up

Notes



# Prepare and Set Up

Notes





# Prepare and Set Up

Notes

Movie 2.1 What questions would you ask?



### Dental Patient Medical History

**PATIENT IDENTIFICATION:**  
 Name Mary Jones Date of Birth 1/9/1956 Age 62  
 Address 123 Main Street  
 Phone Numbers: Home 907-555-1111 Cell \_\_\_\_\_ Work \_\_\_\_\_

**MEDICAL HISTORY: Please circle YES or NO and provide the following information. If you are unable to answer any of the questions, please ask the dental staff for help.**

1. What is the reason for your visit to the Dental Clinic? \_\_\_\_\_
2. Have you received medical care in the past two years? \_\_\_\_\_ Yes  No   
 If yes, please list: Prostate swelling
3. Are you taking or have you taken any medicine or drugs in the past 2 months? Yes  No
4. Are you ALLERGIC to anything (Medication, Drugs, LATEX, Food, Others)? Yes  No   
 If yes, please list: \_\_\_\_\_
5. Are you currently taking or have you ever taken a bisphosphonate medication such as Fosamax, Zometa, Actonel, Boniva, Aredia, Bonefos, Ostac, Skelid or Didronel? Yes  No
6. Have you ever been Hospitalized? Yes  No   
 If yes, for what? \_\_\_\_\_
7. Have you ever had bleeding problems that needed medical treatment? Yes  No
8. Do you have or have you ever had an irregular heart beat or heart palpitations? Yes  No
9. Have you ever had heart surgery to correct a murmur or defect in your heart? Yes  No
10. Have you ever had an infection in your heart that required hospitalization or IV antibiotics? Yes  No
11. Do you have artificial heart valves? Yes  No
12. Do you think you have been exposed to AIDS or HIV? Yes  No
13. Do you use alcohol or other drugs? \_\_\_\_\_ No Some Moderate Heavy
14. Do you use tobacco products? If so, how much? \_\_\_\_\_ Yes  No   
 Are you interested in quitting either tobacco, alcohol or other drug use? Yes  No
15. Have you ever had radiation or chemotherapy treatment? Yes  No
16. If domestic violence is a problem in your family? Yes  No
17. \* If yes, would you like to talk to someone about it? Yes  No
18. Do you have any difficulties understanding/learning verbal or written communication or require specialist assistance or devices to do so? Yes  No   
 If yes, please describe: \_\_\_\_\_

**Please circle any disease or condition you have or had in the past:**

|   |   |                      |                             |   |
|---|---|----------------------|-----------------------------|---|
| Hepatitis                                 | Anemia  | Arthritis/Rheumatism | Dietary Drugs               | Cancer/Tumors   |
| <input checked="" type="radio"/> Facemask | High Blood Pressure                                 | Emphysema            | Nervous or Mental Disorders | Sexually Transmitted Disease  |
| Rheumatic fever                           | Stroke  | Liver Disease        | Pain in jaw joint           | FEMALES- are you:   |
| Chest Pains                               | Diabetes  | Kidney Disease       | Epilepsy                    | Pregnant? Yes <input type="radio"/> No <input checked="" type="radio"/>             |
| Heart Attack                              | <input checked="" type="radio"/> TB or lung disease | Artificial Joints    | Sinus Trouble               | Due _____ Yes <input type="radio"/> No <input checked="" type="radio"/>             |
| Heart Surgery                             | Asthma  | Ulcers               | Thyroid Problems            | Taking Birth Control? Yes <input type="radio"/> No <input checked="" type="radio"/> |
|   |   |                      |                             | Currently Nursing? Yes <input type="radio"/> No <input checked="" type="radio"/>    |

These answers I have given are true to the best of my knowledge and I consent to routine dental procedures such as x-rays, cleanings, fillings, crowns, local anesthesia and topical fluoride application by signing below.

Patient, Parent or Guardian Signature: Mary Jones Date: 8/20/2018  
 DHA Student Signature: \_\_\_\_\_ Date: 8-20-2018  
 Supervising Dentist: \_\_\_\_\_ Date: 8/20/2018

Revised 10-20-17

# Prepare and Set Up

Be prepared to answer **F**requently  
**A**sksed **Q**uestions patients may have.

**FAQs 2.1**

**FAQs**

## 12 Steps of the prophylaxis appointment

1. Prepare and set up
2. Visually inspect teeth and gums
3. Probe to record CPI/ PSR
4. Explore/detect calculus
5. Use disclosing solution
6. OHI
7. Use powered device
8. Perform hand instrumentation
9. Explore to ensure calculus is removed
10. Selectively polish and apply fluoride
11. Clean up
12. Documentation and recall

# Prepare and Set Up

Notes

Review 2.1 Click to take the quiz

# QUIZ

# Grasp and Fulcrum



# Grasp and Fulcrum

## Terms to Know

Notes



**Extraoral:** outside of the mouth.



**Finger rest:** a point of rest that provides support and allows the hand to pivot; also called a fulcrum.



**Fulcrum:** a point of rest that provides support and allows the hand to pivot; also called a finger rest.



**Grasp:** the correct way to hold a dental instrument.



**Intraoral** inside the mouth.



**Stability:** ability to keep a dental instrument steady and secure.



**Tactile sensitivity:** ability to “feel” tooth smoothness and/ or roughness.

# Grasp and Fulcrum

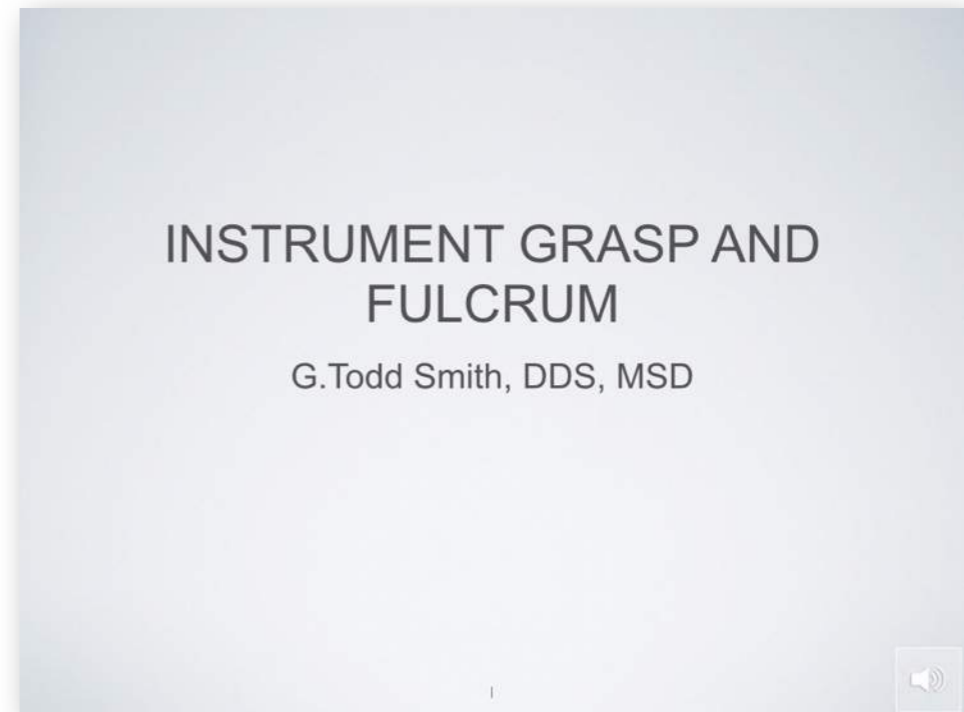


Notes

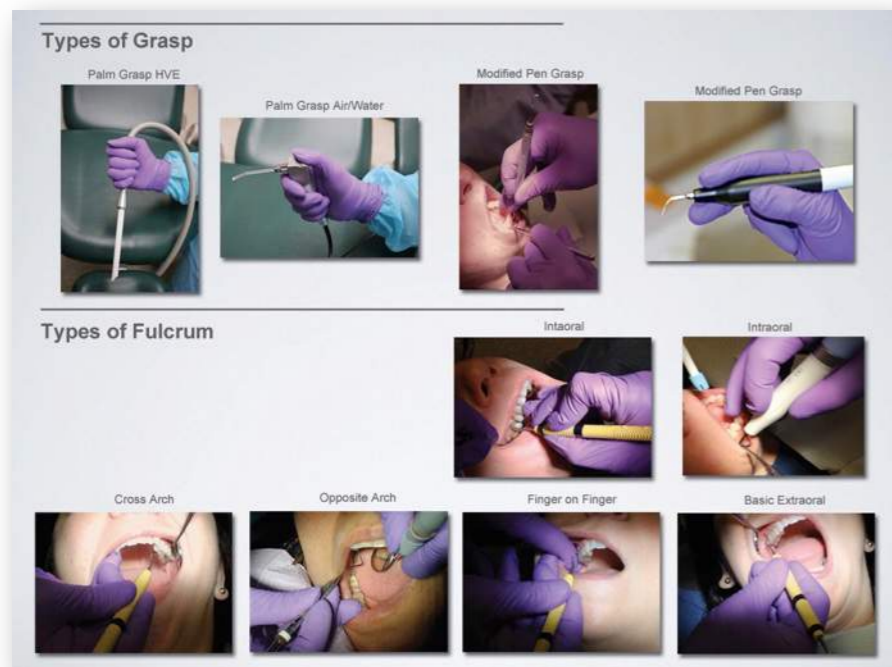
## Purposes of fulcrum

- A fulcrum is a point of rest that provides support and allows the hand to pivot.
- Provides stability for instrumentation.
- Prevents injury to patient and operator.
- Controls the length of the stroke – limits the instrumentation to where it is needed.
- The patient will feel confident in the clinician’s ability when a fulcrum is used to make the instrument more stable.

## Presentation 3.1



## Field Guide 3.1



## Purposes of instrument grasp

- Provides stability during instrumentation.
- Minimizes operator fatigue.
- Improves tactile sensitivity.

# Grasp and Fulcrum

Notes

Flash Cards 3.1

Flash Cards

What type of grasp or fulcrum?



Instructions

Drag the image off of the stack to see the name.  
To return to the book tap the X in the upper left corner.

# Grasp and Fulcrum

Notes

Review 3.1 Click to take the quiz

# QUIZ

Quiz Part 2





# Grasp and Fulcrum

Notes

## Review 3.2

Question 1 of 4

The patient's chin, lips, and cheeks are mobile and flexible and therefore less reliable for stability.

T

F








# Periodontal Probing



# Periodontal Probing

## Terms to Know

[Notes](#)

-  **Calculus:** mineralized plaque that provides a rough surface for sticky plaque to adhere.
-  **Cementoenamel junction (CEJ):** the area of a tooth where the cementum and enamel meet.
-  **Cementum:** hard connective tissue covering the outer surface of a tooth root.
-  **Clinical crown:** that portion of a tooth not covered by tissues.
-  **Coronal:** refers to the crown of a tooth.
-  **CPI:** Community Periodontal Index (CPI, formerly called the Community Periodontal Index of Treatment Needs or CPITN) was created in 1978 by the World Health Organization (WHO) to provide a global standard for screening periodontal disease in populations.
-  **Periodontal:** supporting and surrounding tissues around the tooth.

# Periodontal Probing

Notes



## **Periodontal charting:**

documentation of periodontal probing depth for six areas on each tooth, notation of tooth mobility, and other clinical periodontal findings which are measured, recorded, and monitored over time.



## **Periodontal disease:**

inflammatory process of the gingival tissues and/or periodontal membrane of the teeth, resulting in an abnormally deep gingival sulcus, possibly producing periodontal pockets and loss of supporting alveolar bone.



## **Periodontal pocket:**

indicates the presence of an abnormal depth of the gingival sulcus where the gingival tissue contacts the tooth. A normal sulcus measures 3mm or less.



## **Periodontal probe:**

instrument used to locate and measure the depth of periodontal pockets. The tip is blunt or rounded and has markings in millimeters to measure the depth of the sulcus.



## **PSR:**

Periodontal Screening and Recording index documents periodontal conditions prior to diagnosis and treatment.



## **Quadrant:**

one of the four equal sections into which the dental arches can be divided; begins at the midline of the arch and extends distally to the last tooth.



## **Sextant:**

one of the six relatively equal sections into which a dental arch can be divided, for example: tooth numbers 1-5; 6-11; 12-16; 17-21; 22-27; 28-32. Used for recording the CPI or PSR.

# Periodontal Probing



Notes

## Field Guide 4.1

CODE 0 = COLORED BAND COMPLETELY VISIBLE  
HEALTHY GUMS

0



CODE 1 = COLORED BAND COMPLETELY VISIBLE  
BLEEDING ON PROBING

1



CODE 2 = COLORED BAND COMPLETELY VISIBLE  
SUPRA OR SUBGINGIVAL CALCULUS  
AND/OR DEFECTIVE MARGINS

2



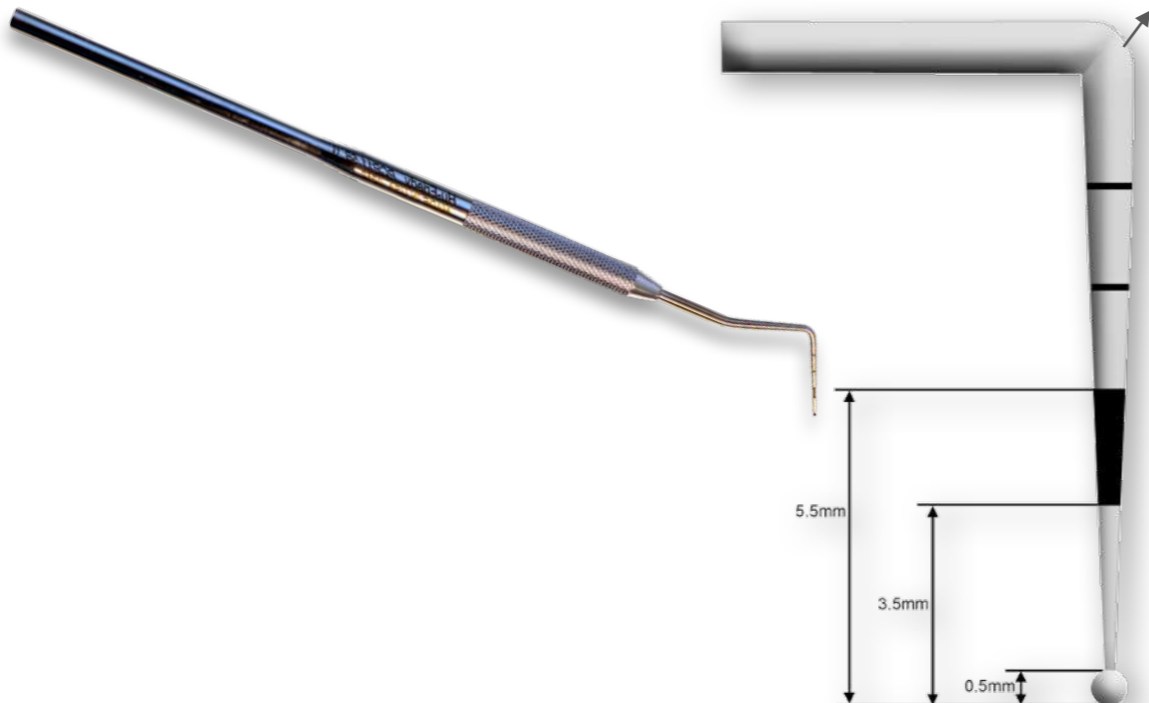
CODE 3 = COLORED BAND ONLY PARTLY VISIBLE  
CALCULUS AND BLEEDING MAY OR MAY  
NOT BE PRESENT

3

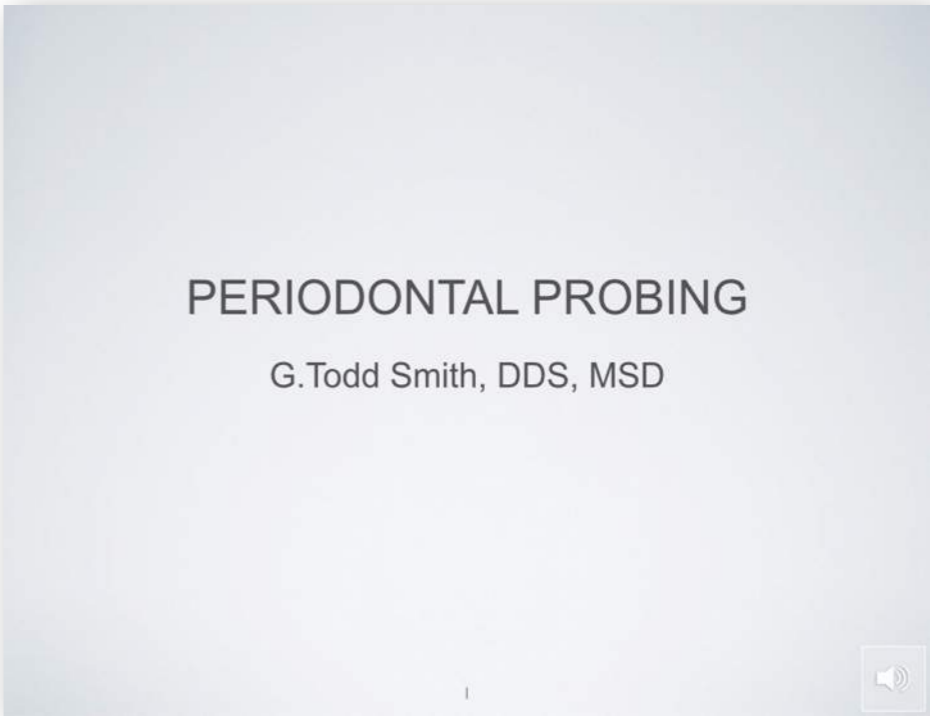


CODE 4 = COLORED BAND NOT VISIBLE  
PROBING DEPTH GREATER THAN 5.5 MM

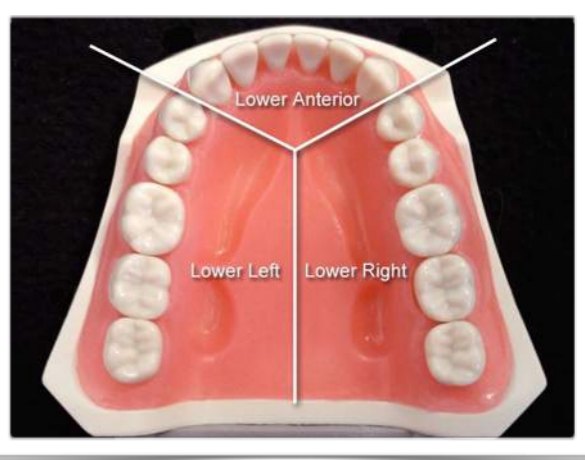
4



## Presentation 4.1



## Sextants



# Periodontal Probing

Code 0



Code 1



Code 2



Code 3



Code 4

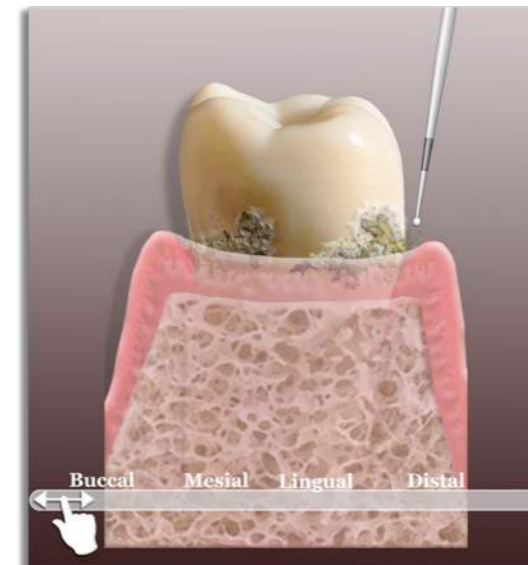


Notes

## Probing Technique

- Keep the tip of the probe against the tooth surface (parallel).
- Walk (bob) the tip of the probe around the tooth and into the sulcus until it meets resistance at the base of the pocket.
- Do not remove the probe from the sulcus when walking around a tooth.
- When probing the interproximal surfaces of the tooth, slant the probe slightly allowing the tip to reach under the contact into the sulcus.
- It is important to measure around the entire tooth circumference as measurements can vary in just a small space.
- Correct probing technique is necessary to gather accurate information.

## Interactive 4.1 Drag Animation



Click to view then drag the finger to view animation

# Periodontal Probing

Flash Cards 4.1

Notes

Flash Cards

What PSR Code is it?



Instructions

Drag the image off of the stack to see the Code.  
To return to the book tap the X in the upper left corner.

# Periodontal Probing

## Review 4.1

Question 1 of 10

Gingival sulcus is the space between the free gingiva and tooth.

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| T                     | F                     |



# Periodontal Probing

Notes

Review 4.2 Click to take the quiz

QUIZ

# Explore for Calculus



# Explore for Calculus

## Terms to Know

Notes



**Adaptation:**

the positioning of the working end of the instrument against the tooth.



**Anatomical Crown:**

that portion of tooth normally covered by enamel.



**Angulation:**

the alignment of the working end of the instrument and the tooth surface.



**Calculus:**

mineralized plaque that provides a rough surface for sticky plaque to adhere.



**Calculus charting:**

documentation of specific areas where calculus is detected.



**Cementoenamel junction (CEJ):** the area of a tooth where the cementum and enamel meet.



**Cementum:**

hard connective tissue covering the outer surface of a tooth root.



**Clinical crown:**

that portion of a tooth not covered by tissues.

# Explore for Calculus

Notes



**Explorer:**

instrument used to locate calculus deposits.



**Extraoral:**

outside of the mouth.



**Finger rest:**

a point of rest that provides support and allows the hand to pivot; also called a fulcrum.



**Fulcrum:**

a point of rest that provides support and allows the hand to pivot; also called a finger rest.



**Grasp:**

the correct way to hold a dental instrument.



**Periapical:**

the area surrounding the end of the tooth root.



**Pericoronal:**

area around the crown of a tooth.



**Stability:**

ability to keep a dental instrument steady and secure.

# Explore for Calculus

Notes



**Subgingival calculus:**

forms on root surfaces below the gingival margin and can extend into periodontal pockets.



**Sulcus:**

the natural space found between the tooth and the gum tissue; sulcular refers to the sulcus.



**Supragingival calculus:**

found above the margin of the gingiva.



**Tactile sensitivity:**

ability to “feel” tooth smoothness and/ or roughness.

# Explore for Calculus



Notes

## Good Technique - Using the Explorer

- Hold the explorer with a very light grasp and a stable fulcrum.
- Keep the tip of the explorer in contact with the tooth surface as you move across the tooth.
- Keep strokes short (2-3 mm in length).
- Make many strokes with the explorer to evaluate the entire tooth surface for calculus.

## Presentation 5.1



## Field Guide 5.1

**Good Technique - Using the Explorer**

- Hold the explorer with a very light grasp and a stable fulcrum.
- Keep the tip of the explorer in contact with the tooth surface as you move across the tooth.
- Keep strokes short (2-3 mm in length).
- Make many strokes with the explorer to evaluate the entire tooth surface for calculus.

Anterior Teeth Away

Anterior Teeth Towards

Posterior Teeth

2-3 mm Strokes

Mark chart where you detect calculus

Calculus Free

**Calculus Charting**

| Student    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| Recheck    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Instructor |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Student    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Recheck    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Instructor |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Student    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |

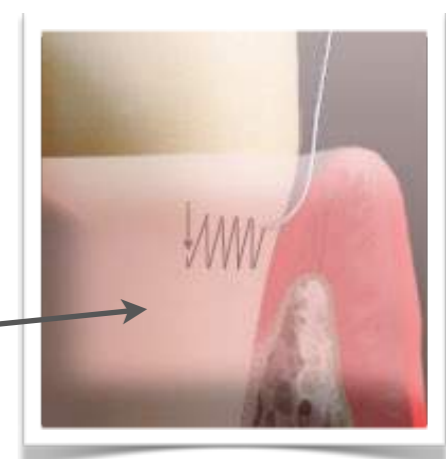
**Spicules**      **Ring**

**Caries**      **Margin**

2-3 mm strokes



Use last 2 -4 mm of the tip



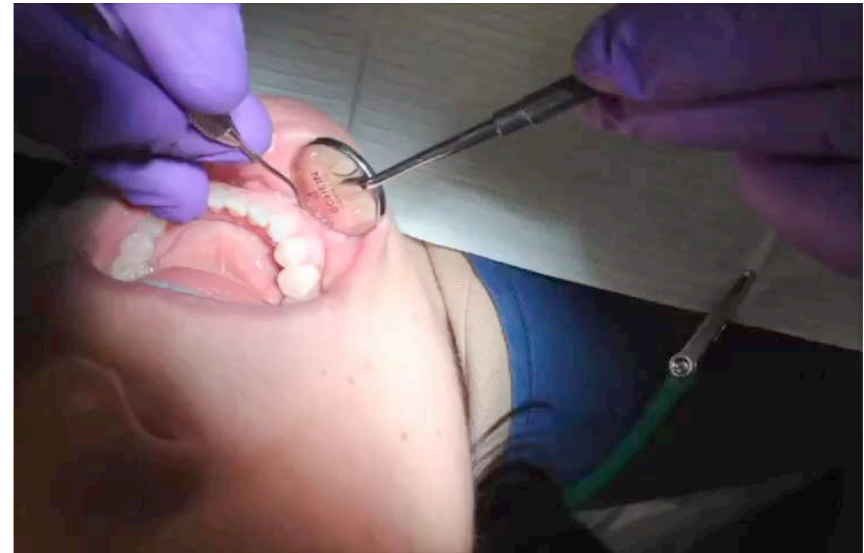
# Explore for Calculus

Notes

**Movie 5.1** Exploring Posterior Teeth



**Movie 5.2** Exploring Anterior Teeth



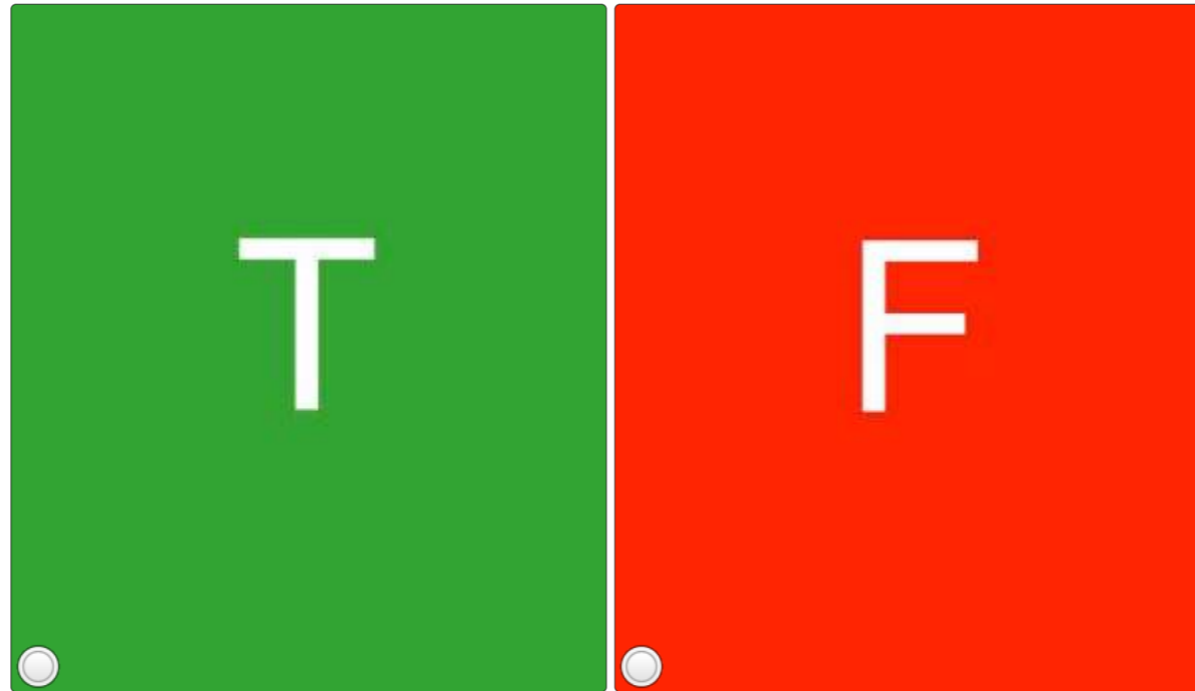
# Explore for Calculus

Notes

## Review 5.1

Question 1 of 11

When exploring anterior teeth, start the stroke at the midline of each tooth.





# Explore for Calculus

Notes

**Review 5.2** Click to take the quiz

QUIZ

# Powered Devices



# Powered Devices

## Terms to Know

Notes



**Adaptation:**

the positioning of the working end of the instrument against the tooth.



**Aerosol:**

fine spray.



**Angulation:**

the alignment of the working end of the instrument and the tooth surface.



**Calculus:**

mineralized plaque that provides a rough surface for sticky plaque to adhere.



**Contraindication:**

to make inadvisable, not recommended.



**Coronal:**

refers to the crown of a tooth.



**Debridement:**

removal of supra/subgingival plaque and/or calculus.



**Elliptical:**

oval-shaped motion. This type of motion is found in the tips of sonic (Titan) and magnetostrictive (Cavitron) powered devices.

# Powered Devices

Notes



## **Finger rest:**

a point of rest that provides support and allows the hand to pivot; also called a fulcrum.



## **Fulcrum:**

a point of rest that provides support and allows the hand to pivot; also called a finger rest.



## **Gingival recession:**

as periodontal disease progresses, the gingiva may recede, leaving portions of the roots of teeth exposed below the cementoenamel junction (CEJ).



## **Grasp:**

the correct way to hold a dental instrument.



## **Linear:**

straight up and down motion.



## **Periapical:**

the area surrounding the end of the tooth root.



## **Plaque:**

a soft sticky substance that accumulates on teeth composed largely of bacteria and bacterial by-products. Plaque is the primary cause of gingival inflammation and most other types of periodontal diseases.

# Powered Devices

Notes



## **Prophylaxis:**

commonly referred to as prophy or cleaning. It is the technical term for the removal of plaque, calculus and stain from tooth structures. It is intended to control local irritant factors.



## **Recession:**

areas where the gingiva has moved away from the crown of a tooth.



## **Scaling:**

removal of plaque, calculus, and stain from teeth. Can be done with powered devices or with hand instrumentation.



## **Sonic:**

type of powered device used for a dental prophylaxis. It attached to a dental unit and uses compressed air. Titan is an example of a sonic powered device.



## **Stability:**

ability to keep a dental instrument steady and secure.



## **Subgingival calculus:**

forms on root surfaces below the gingival margin and can extend into periodontal pockets.

# Powered Devices

Notes



**Sulcus:**

the natural space found between the tooth and the gum tissue; sulcular refers to the sulcus.



**Supragingival calculus:** found above the margin of the gingiva.



**Tactile sensitivity:** ability to “feel” tooth smoothness and/ or roughness.



**Tapping:** technique used to remove calculus by placing the lateral part of the tip of an sonic or ultrasonic powered device against the tooth surface.



**Tenaciousness:** characteristic of calculus that is particularly difficult to remove.



**Ultrasonic:** a powered device used in a prophylaxis. It is a separate unit has an electric generator. Cavitron is an example of a magnetostrictive ultrasonic powered device; the Piezon is an example of a piezoelectric ultrasonic powered device.



**Xerostomia:** a decrease of salivary secretions that produces a dry and sometimes burning sensation of the oral mucosa and/or cervical caries and calculus that is particularly difficult to remove.

# Powered Devices



Notes

## Advantages of Powered Devices

- Effective on all surfaces
- Faster and less tiring than hand instrumentation
- Flushes the pocket and kills bacteria
- Less tooth structure removal
- No sharpening needed

### Field Guide 6.1

**Powered Device Instrumentation Technique**

- Slow scribbling or short erasing motion, with overlap.
- Keep the tip moving across calculus.
- Use light grasp and light pressure only.
- Do not use the point of the tip on tooth structure.
- Keep the tip in contact with the tooth.
- Start at the top of the deposit and work downward.

Use last 2 to 4 mm of tip

Sweep side to side

Scribble up and down

Do not use point at 90 degrees

Magnetostrictive

Piezoelectric

Sonic

### Presentation 6.1

**POWERED DEVICES**

G.Todd Smith, DDS, MSD

Correct angulation  
Last 2-4 mm of tip



Incorrect angulation  
Never at 90 degrees



# Powered Devices

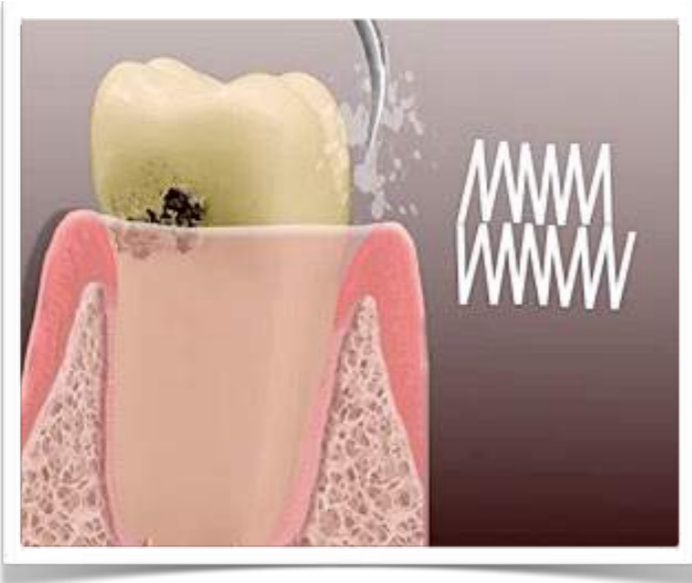
Movie 6.1 Scribble



Movie 6.2 Side to Side



Notes





# Powered Devices

## Review 6.1

Question 1 of 17

Which type of patient would be contraindicated for using powered devices?

- A. Patients that have supragingival and subgingival calculus
- B. Patients that have extrinsic dental stains
- C. Patients who are immunocompromised

Chapter 7

# Hand Instrumentation



# Hand Instrumentation

## Terms to Know

[Notes](#)**Adaptation:**

the positioning of the working end of the instrument against the tooth.

**Anatomical crown:**

that portion of tooth normally covered by enamel.

**Angulation:**

the alignment of the working end of the instrument and the tooth surface.

**Calculus:**

mineralized plaque that provides a rough surface for sticky plaque to adhere.

**Curette scaler:**

hand instrument used to remove supragingival calculus near the gingival margin. It can be used on anterior and posterior teeth. The Gracey 1 / 2 is an example of a curette scaler.

**Debridement:**

removal of supra/subgingival plaque and/or calculus.

**Finger rest:**

a point of rest that provides support and allows the hand to pivot; also called a fulcrum.

# Hand Instrumentation

Notes



## **Fulcrum:**

a point of rest that provides support and allows the hand to pivot; also called a finger rest.



## **Gracey curette scaler:**

a type of hand instrument used to remove calculus from a tooth surface.



## **Grasp:**

the correct way to hold a dental instrument.



## **Plaque:**

a soft sticky substance that accumulates on teeth composed largely of bacteria and bacterial by-products. Plaque is the primary cause of gingival inflammation and most other types of periodontal diseases.



## **Prophylaxis:**

commonly referred to as prophy or cleaning. It is the technical term for the removal of plaque, calculus and stain from tooth structures. It is intended to control local irritant factors.



## **Scaling:**

removal of plaque, calculus, and stain from teeth. Can be done with powered devices or with hand instrumentation.

# Hand Instrumentation

Notes



**Sickle scaler:**

Type of instrument use to remove supragingival calculus from anterior and posterior teeth. The Montana Jack and the 204 SD are two examples of sickle scalers.



**Subgingival calculus:**

forms on root surfaces below the gingival margin and can extend into periodontal pockets.



**Sulcus:**

the natural space found between the tooth and the gum tissue; sulcular refers to the sulcus.



**Supragingival calculus:**

found above the margin of the gingiva.



**Tactile sensitivity:**

ability to “feel” tooth smoothness and/ or roughness.



**Tenaciousness:**

characteristic of calculus that is particularly difficult to remove.

# Hand Instrumentation

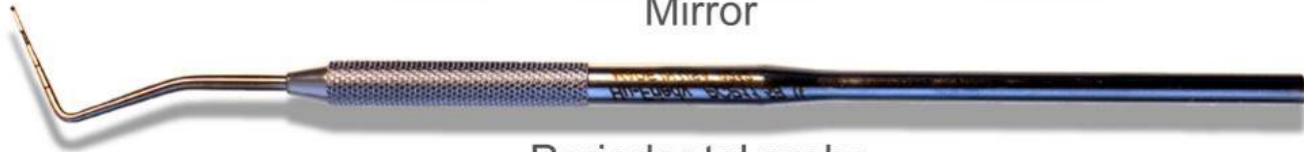


Notes

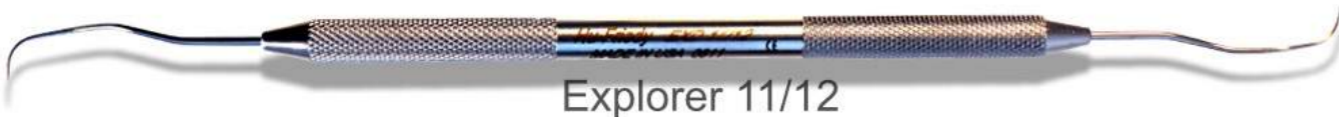
## HAND INSTRUMENTS



Mirror



Periodontal probe



Explorer 11/12



Sickle Scaler - 204SD



Montana Jack



Curette Scaler - Gracey 1/2

### Presentation 7.1



### Hand Instrument Stroke Direction

Horizontal



Vertical



Oblique



Correct Angulation  
204SD Sickle Scaler



Correct Angulation  
Gracey 1/2



# Hand Instrumentation

## Review 7.1

Question 1 of 6  
Matching

- Mineralized plaque that provides a rough surface for plaque.
- Found above the margin of the gingiva.
- The alignment of the working end of the instrument and the tooth surface.
- Forms on root surfaces below the gingival margin.
- The position of the working end of the instrument against the tooth.

Angulation

Calculus

Adaptation

Supragingival

Subgingival



# Hand Instrumentation

Notes

Review 7.2 Click to take quiz

**QUIZ**



# Instrument Sharpening



# Instrument Sharpening

## Terms to Know

Notes

**Adaptation:**

the positioning of the working end of the instrument against the tooth.

**Angulation:**

the alignment of the working end of the instrument and the tooth surface.

**Curette scaler:**

hand instrument used to remove supragingival calculus near the gingival margin. It can be used on anterior and posterior teeth. The Gracey 1 / 2 is an example of a curette scaler.

**Finger rest:**

a point of rest that provides support and allows the hand to pivot; also called a fulcrum.

**Fulcrum:**

a point of rest that provides support and allows the hand to pivot; also called a finger rest.

**Gracey curette:**

a type of hand instrument used to remove calculus from a tooth surface.

**Grasp:**

the correct way to hold a dental instrument.

# Instrument Sharpening

Notes



**Handle:**

the part of the instrument that is grasped.



**Sequence:**

the order in which a procedure is performed.



**Shank:**

connects the handle to the working end of an instrument, and allows the working end to adapt to tooth surfaces.



**Sickle scaler:**

type of instrument use to remove supragingival calculus from anterior and posterior teeth. The Montana Jack and the 204 SD are two examples of sickle scalers.



**Working end:**

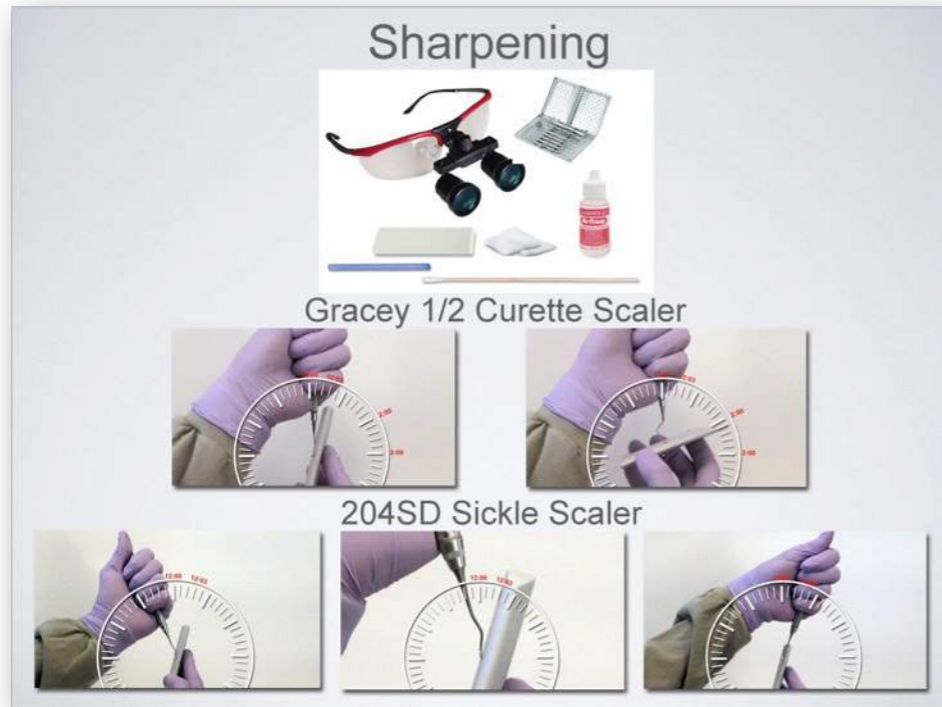
the part of an instrument that consists of a blade that has one or two cutting edges.

# Instrument Sharpening

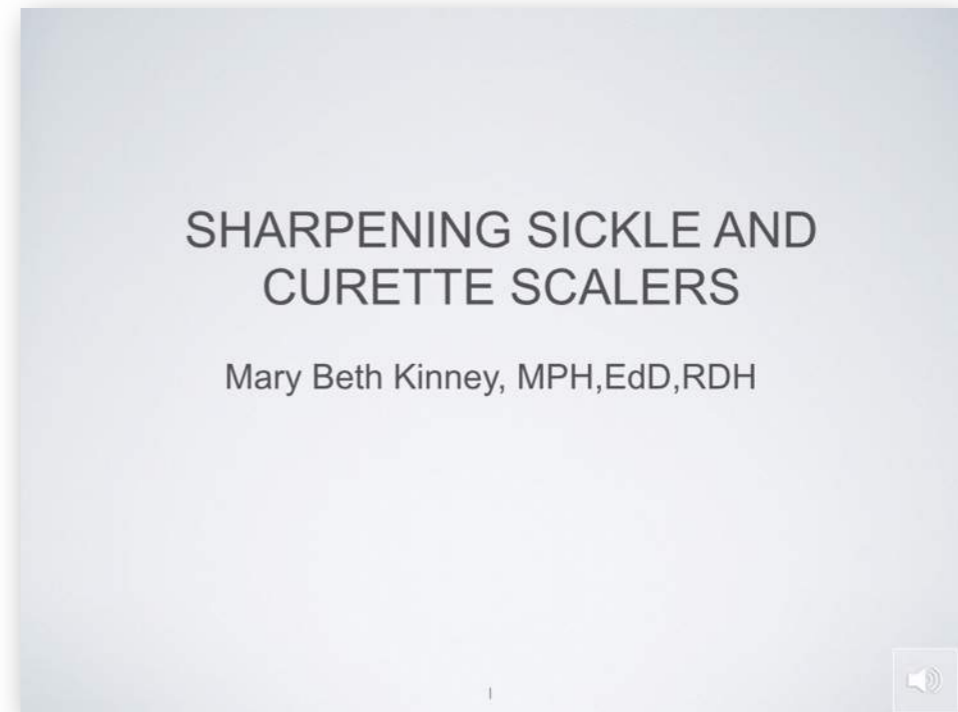


Notes

## Field Guide 8.1 Sharpening



## Presentation 8.1



### Movie 8.1 204SD Scaler



### Movie 8.2 Gracey 1/2



### Movie 8.3 204SD Scaler



Close up Without audio

### Movie 8.4 Gracey 1/2



Close Up Without audio

### Movie 8.5 Test Stick



# Instrument Sharpening

## Review 8.1

Question 1 of 4

Repeated use of an instrument wears away minute particles of metal from the blade causing the cutting edge to take on a rounded shape resulting in a dull, ineffective blade.

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| T                     | F                     |

---

# Selective Polishing

---



# Selective Polishing

## Terms to Know

[Notes](#)

**Aerosol:**

fine spray.



**Clinical crown:**

that portion of a tooth not covered by tissues.



**Contraindication:**

to make inadvisable, not recommended.



**Endogenous stain:**

originating from the inside the tooth as a response to developmental or systemic factors. Examples include tetracycline stain or fluorosis.



**Exogenous stain:**

originating from the outside of the tooth. Using tobacco or drinking coffee or tea may cause extrinsic exogenous stain. Intrinsic exogenous stain may be caused by amalgam restoration, endodontic therapy, or use of tobacco products.



**Finger rest:**

a point of rest that provides support and allows the hand to pivot; also called a fulcrum.

# Selective Polishing

Notes



**Fulcrum:**

a point of rest that provides support and allows the hand to pivot; also called a finger rest.



**Grasp:**

the correct way to hold a dental instrument.



**Indirect vision:**

using the mouth mirror to see into the mouth.



**Plaque:**

a soft sticky substance that accumulates on teeth composed largely of bacteria and bacterial by-products. Plaque is the primary cause of gingival inflammation and most other types of periodontal diseases.



**Prophylaxis:**

commonly referred to as prophy or cleaning. It is the technical term for the removal of plaque, calculus and stain from tooth structures. It is intended to control local irritant factors.



**Recession:**

areas where the gingiva has moved away from the crown of a tooth.



**Retraction:**

keeping the tongue or cheeks safe from trauma by using a mirror.



# Selective Polishing

Notes



**Sequence:**

the order in which a procedure is performed.



**Sulcus:**

the natural space found between the tooth and the gum tissue; sulcular refers to the sulcus.

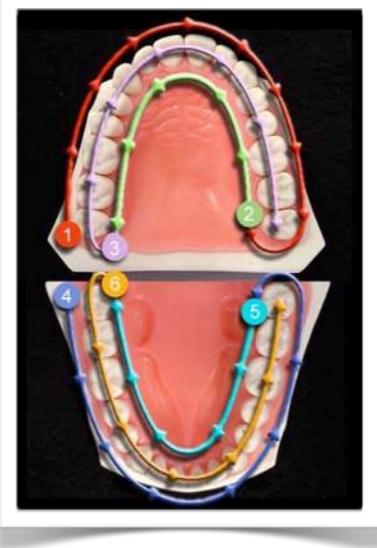


# Selective Polishing

Notes



Polishing sequence



Endogenous -tetracycline



Modified pen grasp



Presentation 9.1



Always use a stable finger rest



# Selective Polishing

## Review 9.1

Question 1 of 15  
Matching

- A soft sticky substance composed of bacteria and their by-products.
- The natural space found between the tooth and the gum tissue.
- A point of rest that provides support and allows the hand to pivot.
- Originating from the outside of the tooth.
- Commonly referred to as prophylaxis or cleaning.

Plaque

Sulcus

Finger rest

Exogenous

Prophylaxis

---

# Sulcular Irrigation

---



# Sulcular Irrigation

## Terms to Know



**Alter:** change something.



**Contraindication:** to make inadvisable, not recommended.



**Expel:** to remove or to get rid of.



**Finger rest:** a point of rest that provides support and allows the hand to pivot; also called a fulcrum.



**Fulcrum:** a point of rest that provides support and allows the hand to pivot; also called a finger rest.



**Grasp:** the correct way to hold a dental instrument.



**Inhibit:** to slow down or prevent something from happening.



**Intraoral:** inside the mouth.

# Sulcular Irrigation

Notes



**Irrigant:**

water or medication used when irrigating an area.



**Irrigation:**

the application of water or medications to promote healing.



**Periapical:**

the area surrounding the end of the tooth root.



**Retraction:**

keeping the tongue or cheeks safe from trauma by using a mirror.



**Sequence:**

the order in which a procedure is performed.



**Sulcus:**

the natural space found between the tooth and the gum tissue; sulcular refers to the sulcus.

# Sulcular Irrigation



Notes

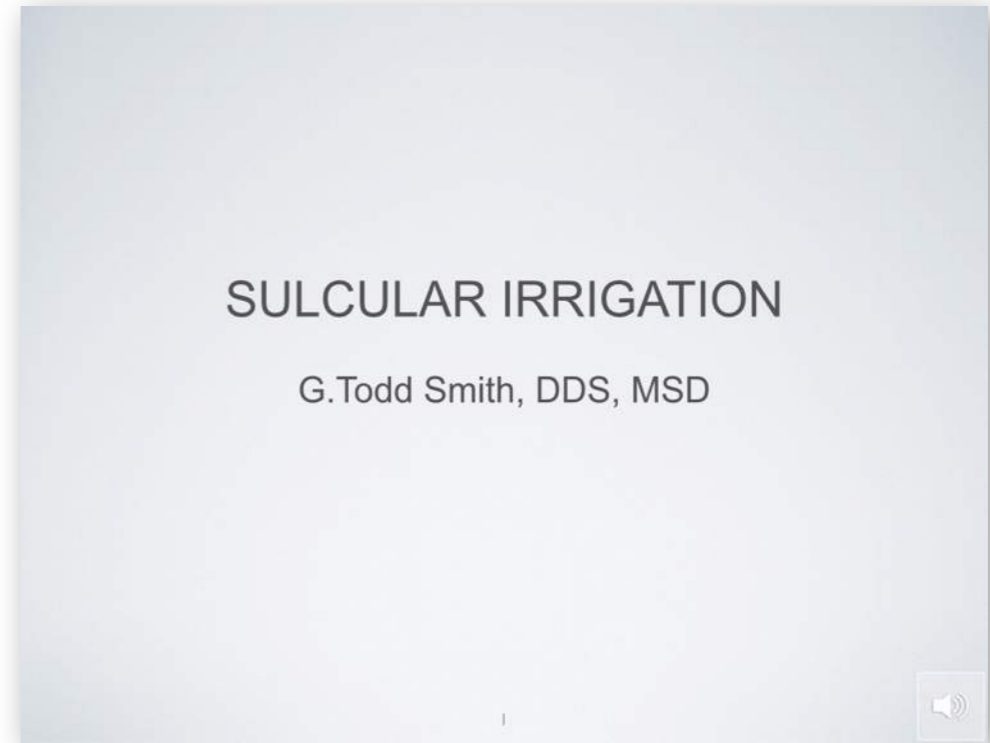
Fill Monoject syringe



Irrigate into the sulcus



## Presentation 10.1



## Benefits of Sulcular Irrigation

- Alter the microorganisms causing disease.
- Inhibit the host response in such a way that the periodontal health improves.

# Sulcular Irrigation

Notes

## Review 10.1

Question 1 of 6  
Matching

- to remove or to get rid of.
- water or medication used when irrigating an area.
- the order in which a procedure is performed.
- the correct way to hold a dental instrument.
- change something.

Expel

Irrigant

Sequence

Grasp

Alter



# Documentation and Recall



# Documentation and Recall

Note  
Pad

Notes

## Documentation and Recall

Documentation is a summary of a dental appointment that includes the sequential order of the services and products used with the patient. The dental provider is responsible for ensuring that documentation is complete, clear, and accurate.

Documentation is written in a patient's chart or entered into the patient's electronic dental record at the end of each appointment. The documentation is in the SOAPE format:

**S:** Subjective Findings – Purpose of the patient's dental visit. When documenting what the patient said, use "quotation marks."

**O:** Objective Findings - Observations made by the dental provider.

**A:** Assessment - Diagnosis of the patient's condition.

**P:** Plan - Planned, proposed and completed procedures.

**E:** Education - Information given to the patient regarding oral health.

Documentation also includes information about the patient's next visit:

**NV:** Next Visit -Time frame and treatment proposed for next appointment.

The screenshot shows a dental software interface with a 'Note History' window for a patient named Angle Abbott. The window contains a table of notes and a detailed view of a note from 5/11/2005.

| Date      | U   | Type       | Tooth | Note   |
|-----------|-----|------------|-------|--|
| 5/11/2005 | GGY | Sec Claim  |       | Sec Insurance Claim From Aug 07, 2003 was closed.  |
| 5/11/2005 | GGY | Plan Claim |       | Plan Insurance Claim From Aug 07, 2003 was closed.   |
|           |     |            |       | S: Patient reports for a "cleaning." Patient states: "My gums bleed when I brush my teeth." Patient would like to have healthy teeth and gums that do not bleed when she brushes. Pain scale=0   |
|           |     |            |       | O: RMH. No contraindications for dental prophylaxis. Gingival tissues red, inflamed and bleed on probing. Generalized plaque. Localized calculus on lingual surfaces of mandibular anterior teeth.   |
|           |     |            |       | A: Low periodontal risk as charted on 3-15-18 treatment plan.  |
|           |     |            |       | P: PARQ. PSR completed. Explored for calculus. Young 2-Tone disclosing solution used. Cavitron and hand scaling used on lingual surfaces of mandibular anterior teeth. Polished with Nupro fine-grit proph paste. Teeth flossed. Ensured all calculus and plaque removed. Topex DuraShield 5% Sodium Fluoride varnish applied.   |
|           |     |            |       | E: Patient looked at motivational interviewing menu and chose to focus on brushing her teeth twice a day. Completed tell, show, do with patient on Modified Bass toothbrushing technique. Directions on the use of disclosing tabs were explained to the patient. Patient was given 10 tablets to use at home. She felt that these would motivate and improve her toothbrushing. Fluoride varnish instructions provided both written and verbal. |
|           |     |            |       | NV: Two week recall to evaluate toothbrushing frequency and technique.   |

# Documentation and Recall

Notes

S: Patient reports for a "cleaning." Patient states: "My gums bleed when I brush my teeth." Patient would like to have healthy teeth and gums that do not bleed when she brushes. Pain scale=0

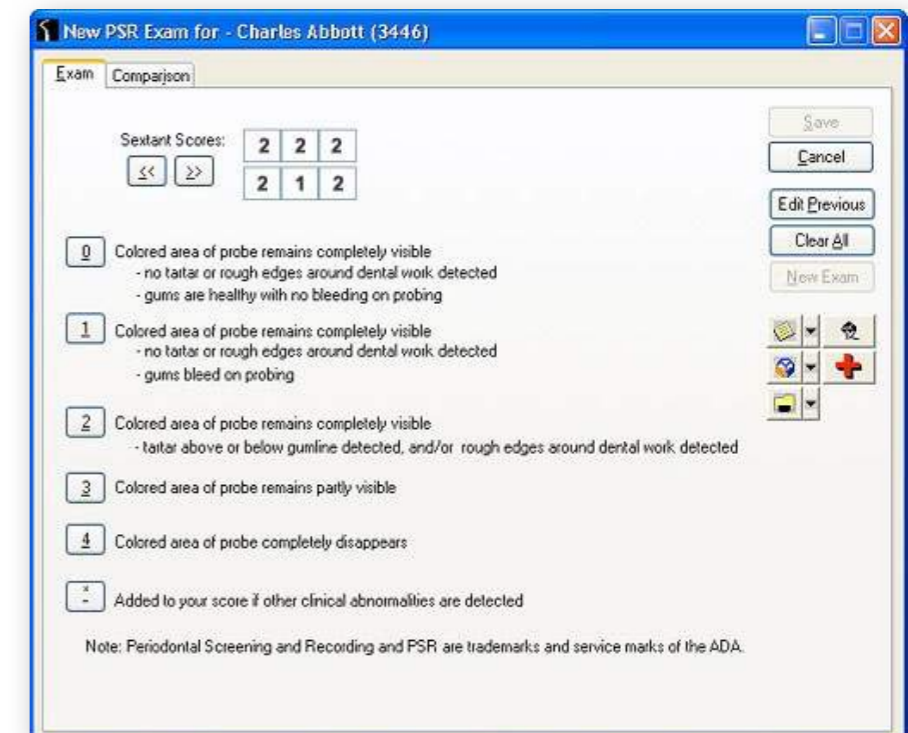
O: RMH. No contraindications for dental prophylaxis. Gingival tissues red, inflamed and bleed on probing. Generalized plaque. Localized calculus on lingual surfaces of mandibular anterior teeth.

A: Low periodontal risk as charted on 3-15-18 treatment plan.

P: PARQ. PSR completed. Explored for calculus. Young 2-Tone disclosing solution used. Cavitron and hand scaling used on lingual surfaces of mandibular anterior teeth. Polished with Nupro fine-grit prophy paste. Teeth flossed. Ensured all calculus and plaque removed. Topex DuraShield 5% Sodium Fluoride varnish applied.

E: Patient looked at motivational interviewing menu and chose to focus on brushing her teeth twice a day. Completed tell, show, do with patient on Modified Bass toothbrushing technique. Directions on the use of disclosing tabs were explained to the patient. Patient was given 10 tablets to use at home. She felt that these would motivate and improve her toothbrushing. Fluoride varnish instructions provided both written and verbal.

NV: Two week recall to evaluate toothbrushing frequency and technique.



New PSR Exam for - Charles Abbott (3446)

Exam Comparison

Sextant Scores: 2 2 2  
2 1 2

0 Colored area of probe remains completely visible  
- no tartar or rough edges around dental work detected  
- gums are healthy with no bleeding on probing

1 Colored area of probe remains completely visible  
- no tartar or rough edges around dental work detected  
- gums bleed on probing

2 Colored area of probe remains completely visible  
- tartar above or below gumline detected, and/or rough edges around dental work detected

3 Colored area of probe remains partly visible

4 Colored area of probe completely disappears

- Added to your score if other clinical abnormalities are detected

Note: Periodontal Screening and Recording and PSR are trademarks and service marks of the ADA.

# Field Guides



# Field Guides

Notes

## Grasp and Fulcrum

**Types of Grasp**

**Types of Fulcrum**

## Periodontal Probing Codes

**CODE 0 = COLORED BAND COMPLETELY VISIBLE  
HEALTHY GUMS**

**CODE 1 = COLORED BAND COMPLETELY VISIBLE  
BLEEDING ON PROBING**

**CODE 2 = COLORED BAND COMPLETELY VISIBLE  
SUPRA OR SUBGINGIVAL CALCULUS  
AND/OR DEFECTIVE MARGINS**

**CODE 3 = COLORED BAND ONLY PARTLY VISIBLE  
CALCULUS AND BLEEDING MAY OR MAY  
NOT BE PRESENT**

**CODE 4 = COLORED BAND NOT VISIBLE  
PROBING DEPTH GREATER THAN 5.5 MM**

## Exploring for Calculus

**Good Technique - Using the Explorer**

- Hold the explorer with a very light grasp and a stable fulcrum.
- Keep the tip of the explorer in contact with the tooth surface as you move across the tooth.
- Keep strokes short (2-3 mm in length).
- Make many strokes with the explorer to evaluate the entire tooth surface for calculus.

## Powered Devices

**Powered Device Instrumentation Technique**

- Slow scribbling or short erasing motion, with overlap.
- Keep the tip moving across calculus.
- Use light grasp and light pressure only.
- Do not use the point of the tip on tooth structure.
- Keep the tip in contact with the tooth.
- Start at the top of the deposit and work downward.

Use last 2 to 4 mm of tip

**Magnetostrictive** **Piezoelectric** **Sonic**

## Hand Instruments

**HAND INSTRUMENTS**

Mirror

Periodontal probe

Explorer 11/12

Sickle Scaler – 204SD

Montana Jack

Curette Scaler – Gracey 1/2

## Sharpening

**Sharpening**

Gracey 1/2 Curette Scaler

204SD Sickle Scaler

# Field Guides



## 12 Steps of the prophylaxis appointment

Notes

1. Prepare and set up
2. Visually inspect teeth and gums
3. Probe to record CPI/ PSR
4. Explore/detect calculus
5. Use disclosing solution
6. OHI
7. Use powered device
8. Perform hand instrumentation
9. Explore to ensure calculus is removed
10. Selectively polish and apply fluoride
11. Clean up
12. Documentation and recall

## Adaptation

the positioning of the working end of the instrument against the tooth.

---

### Related Glossary Terms

Drag related terms here

---

### Index

Find Term

Chapter 5 - Terms to Know

Chapter 6 - Terms to Know

Chapter 7 - Terms to Know

**Chapter 8 - Terms to Know**

Aerosol

fine spray.

---

### **Related Glossary Terms**

Drag related terms here

---

**Index**

Find Term

Chapter 6 - Terms to Know

**Chapter 9 - Terms to Know**



Alter

change something.

---

### **Related Glossary Terms**

Drag related terms here

---

**Index**

Find Term

**Chapter 10 - Terms to Know**

Alveolar

referring to the bone to which a tooth is attached.

---

### **Related Glossary Terms**

Drag related terms here

---

**Index**

Find Term

Anatomical crown

that portion of tooth normally covered by enamel.

---

### Related Glossary Terms

Drag related terms here

---

**Index**

Find Term

Chapter 5 - Terms to Know

Chapter 7 - Terms to Know

## Angulation

the alignment of the working end of the instrument and the tooth surface.

---

### Related Glossary Terms

Drag related terms here

---

### Index

Find Term

Chapter 5 - Terms to Know

Chapter 6 - Terms to Know

Chapter 7 - Terms to Know

**Chapter 8 - Terms to Know**

Bulbous

swollen or bulging.

---

### **Related Glossary Terms**

Drag related terms here

---

**Index**

Find Term

**Chapter 1 - Terms to Know**

## Calculus

hard deposit of mineralized substance adhering to crowns and/or roots of teeth or prosthetic devices.

---

### Related Glossary Terms

Drag related terms here

---

### Index

Find Term

Chapter 1 - Terms to Know

Chapter 4 - Terms to Know

Chapter 5 - Terms to Know

Chapter 6 - Terms to Know

Chapter 7 - Terms to Know

Calculus charting

documentation of specific areas where calculus is detected.

---

### **Related Glossary Terms**

Drag related terms here

---

**Index**

Find Term

**Chapter 5 - Terms to Know**

Cementoenamel junction (CEJ)

the area of a tooth where the cementum and enamel meet.

---

### Related Glossary Terms

Drag related terms here

---

**Index**

Find Term

Chapter 4 - Terms to Know

**Chapter 5 - Terms to Know**



## Cementum

hard connective tissue covering the outer surface of a tooth root.

---

### Related Glossary Terms

Drag related terms here

---

### Index

Find Term

Chapter 4 - Terms to Know

Chapter 5 - Terms to Know

Clinical crown

that portion of a tooth not covered by tissues.

---

### **Related Glossary Terms**

Drag related terms here

---

**Index**

Find Term

Chapter 4 - Terms to Know

Chapter 5 - Terms to Know

Chapter 9 - Terms to Know

## Contraindication

to make inadvisable, not recommended.

---

### Related Glossary Terms

Drag related terms here

---

### Index

Find Term

Chapter 6 - Terms to Know

Chapter 9 - Terms to Know

Chapter 10 - Terms to Know

Coronal

refers to the crown of a tooth.

---

### **Related Glossary Terms**

Drag related terms here

---

**Index**

Find Term

Chapter 4 - Terms to Know

Chapter 6 - Terms to Know

## CPI

Community Periodontal Index (CPI, formerly called the Community Periodontal Index of Treatment Needs or CPITN) was created in 1978 by the World Health Organization (WHO) to provide a global standard for screening periodontal disease in populations.

---

### Related Glossary Terms

Drag related terms here

---

### Index

Find Term

Chapter 4 - Terms to Know

Curette

hand instrument used to remove calculus from a tooth surface.

---

### **Related Glossary Terms**

Drag related terms here

---

**Index**

Find Term

## Curette scaler

hand instrument used to remove supragingival calculus near the gingival margin. It can be used on anterior and posterior teeth. The Gracey 1 / 2 is an example of a curette scaler.

---

### Related Glossary Terms

Drag related terms here

---

### Index

Find Term

Chapter 7 - Terms to Know

**Chapter 8 - Terms to Know**

## Debridement

removal of supra/subgingival plaque and/or calculus.

---

### Related Glossary Terms

Drag related terms here

---

### Index

Find Term

Chapter 6 - Terms to Know

Chapter 7 - Terms to Know



## Dentin

hard tissue that forms the bulk of the tooth and develops from the dental papilla and dental pulp, and in the mature state is mineralized.

---

### Related Glossary Terms

Drag related terms here

---

**Index**

Find Term

## Elliptical

oval-shaped motion. This type of motion is found in the tips of sonic (Titan) and magnetostrictive (Cavitron) powered devices.

---

### Related Glossary Terms

Drag related terms here

---

**Index**

Find Term

**Chapter 6 - Terms to Know**

## Endogenous stain

originating from the inside the tooth as a response to developmental or systemic factors. Examples include tetracycline stain or fluorosis.

---

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## Exogenous stain

originating from the outside of the tooth. Using tobacco or drinking coffee or tea may cause extrinsic exogenous stain. Intrinsic exogenous stain may be caused by amalgam restoration, endodontic therapy, or use of tobacco products.

---

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Expel

to remove or to get rid of

---

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Explorer

instrument used to locate calculus deposits.

---

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Extraoral

outside of the mouth.

---

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Finger rest

a point of rest that provides support and allows the hand to pivot; also called a fulcrum.

---

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## Fulcrum

a point of rest that provides support and allows the hand to pivot; also called a finger rest.

---

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## Furcation

the notch or space exposed between the roots of multirooted teeth

---

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## Gingival recession

as periodontal disease progresses, the gingiva may recede, leaving portions of the roots of teeth exposed below the cementoenamel junction (CEJ).

---

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## Gingivitis

inflammation of gingival tissue without loss of connective tissue.

---

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Gracey curette

a type of hand instrument used to remove calculus from a tooth surface.

---

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Gracey curette scaler

a type of hand instrument used to remove calculus from a tooth surface.

---

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Grasp

the correct way to hold a dental instrument.

---

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Handle

the part of the instrument that is grasped.

---

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Indirect vision

using the mouth mirror to see into the mouth.

---

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Inhibit

to slow down or prevent something from happening.

---

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Intraoral

inside the mouth.

---

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Irrigant

water or medication used when irrigating an area.

---

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## Irrigation

the application of water or medications to promote healing.

---

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Linear

straight up and down motion.

---

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Mobility

movement

---

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Periapical

the area surrounding the end of the tooth root.

---

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Pericoronal

around the crown of a tooth.

---

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Periodontal

supporting and surrounding tissues around the tooth

---

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## Periodontal charting

documentation of periodontal probing depth for six areas on each tooth, notation of tooth mobility, and other clinical periodontal findings, which are measured, recorded, and monitored over time.

---

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## Periodontal disease

inflammatory process of the gingival tissues and/or periodontal membrane of the teeth, resulting in an abnormally deep gingival sulcus, possibly producing periodontal pockets and loss of supporting alveolar bone.

---

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## Periodontal pocket

indicates the presence of an abnormal depth of the gingival sulcus where the gingival tissue contacts the tooth. A normal sulcus measures 3mm or less.

---

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## Periodontal probe

instrument used to locate and measure the depth of periodontal pockets. The tip is blunt or rounded and has markings in millimeters to measure the depth of the sulcus.

---

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## Periodontitis

inflammation and loss of the connective tissue of the supporting or surrounding structure of teeth with loss of attachment.

---

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## Periodontium

tissues comprising gingival, cementum, periodontal ligament, and alveolar bone, which attaches, nourishes and supports the tooth.

---

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## Plaque

a soft sticky substance that accumulates on teeth composed largely of bacteria and bacterial by-products. Plaque is the primary cause of gingival inflammation and most other types of periodontal diseases.

---

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## Prophylaxis

commonly referred to as prophylaxis or cleaning, is the removal of plaque, calculus and stains from tooth structures. It is intended to control local irritation factors.

---

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PSR

Periodontal Screening and Recording index documents periodontal conditions prior to diagnosis and treatment.

---

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## Quadrant

one of the four equal sections into which the dental arches can be divided; begins at the midline of the arch and extends distally to the last tooth.

---

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## Recession

areas where the gingiva has moved away from the crown of a tooth.

---

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## Retraction

keeping the tongue or cheeks safe from trauma by using a mirror.

---

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## Root

the anatomic portion of the tooth that is covered by cementum and is located in the alveolus (socket) where it is attached by the periodontal apparatus; radicular portion of tooth.

---

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## Scaling

removal of plaque, calculus, and stain from teeth. Can be done with powered devices or with hand instrumentation.

---

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## Sequence

the order in which a procedure is performed.

---

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## Sextant

one of the six relatively equal sections into which a dental arch can be divided, for example: tooth numbers 1-5; 6-11; 12-16; 17-21; 22-27; 28-32. Used for recording the CPI or PSR.

---

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Shank

connects the handle to the working end of an instrument, and allows the working end to adapt to tooth surfaces.

---

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## Sickle scaler

type of instrument use to remove supragingival calculus from anterior and posterior teeth. The Montana Jack and the 204 SD are two examples of sickle scalers.

---

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## Sonic

type of powered device used for a dental prophylaxis. It attached to a dental unit and uses compressed air. Titan is an example of a sonic powered device.

---

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## Stability

ability to keep a dental instrument steady and secure.

---

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Stippling or stippled

textured surface of gingiva similar to the surface of an orange.

---

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## Subgingival calculus

forms on root surfaces below the gingival margin and can extend into periodontal pockets.

---

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## Sulculus

the natural space found between the tooth and the gum tissue; sulcular refers to the sulcus.

---

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## Sulcus

the natural space found between the tooth and the gum tissue; sulcular refers to the sulcus.

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Supragingival calculus

found above the margin of the gingiva.

---

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Tactile sensitivity

ability to “feel” tooth smoothness and/ or roughness.

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## Tapping

technique used to remove calculus by placing the lateral part of the tip of an sonic or ultrasonic powered device against the tooth surface.

---

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Tenaciousness

characteristic of calculus that is particularly difficult to remove.

---

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## Ultrasonic

a powered device used in a prophylaxis. It is a separate unit has an electric generator. Cavitron is an example of a magnetostrictive ultrasonic powered device; the Piezon is an example of a piezoelectric ultrasonic powered device.

---

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Working end

the part of an instrument that consists of a blade that has one or two cutting edges

---

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## Xerostomia

a decrease of salivary secretions that produces a dry and sometimes burning sensation of the oral mucosa and/or cervical caries and calculus that is particularly difficult to remove.

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