

PART IV EXAMINATION SCORING METHOD

1. Examiners

Candidates will be evaluated by examiners primarily from the jurisdictions which comprise CITA. These examiners may be members of the various state boards of dentistry, or they may have been selected by their board to serve as examiners. In addition, there are frequently observers at CITA examinations who may be faculty members from other schools, new CITA examiners, or examiners from other CITA member states. Such observers are authorized to participate in calibration exercises, monitor all portions of the examination, and/or evaluate patients from time-to-time; however, observers neither assign grades nor participate in the grading process.

2. Examination Scoring System

CITA's examination scoring system was developed in consultation with a number of measurement specialists and subject matter experts in the field of dentistry, as well as a number of publications on the licensure examination process. The scoring system is criterion-referenced, and it is based on an analytical scoring model where each set of specified criteria is evaluated by three independent graders.

A score of seventy-five (75) or greater is required to successfully complete the examination. The Dental Hygiene Examination is based on a 100-point scale. **IF ALL SECTIONS OF THE EXAMINATION ARE NOT TAKEN AND SUBMITTED FOR EVALUATION, A SCORE OF "0" WILL BE RECORDED FOR THAT EXAMINATION.**

3. Dental Hygiene Scoring Rubric

The dental hygiene CITA examination is based on a point deductive system. Patients are evaluated independently by three (3) different examiners. In those instances where the three (3) examiners' ratings are not in agreement, the rating given by the majority of the Examiners is used for the final scoring decision. Any error that is confirmed by two (2) or more of the examiners **WILL RESULT IN POINT DEDUCTIONS FROM THE OVERALL SCORE.**

The candidate is required to submit a treatment/patient selection containing at least six (6) and no more than eight (8) teeth which exhibit twelve (12) surfaces of explorer-detectable subgingival calculus. Candidates are strongly encouraged to utilize teeth within the same quadrant and in no event shall the candidate utilize more than two quadrants when selecting those teeth. The twelve (12) surfaces of calculus which will be identified in the treatment grid will therefore, be limited to one (1) quadrant or at most two (2) quadrants as specified above. **The**

Patient Selection procedure is evaluated based on whether the patient meets the published examination requirements. Candidates will be evaluated on paperwork completion, adherence to radiographic requirements, the presence of required instruments, proper recording of the patient's blood pressure and health history, as well as the treatment selection proposed by the candidate.

In the **Treatment Presentation** procedure, the patient is submitted to the grading Area following paperwork acceptance and the patient is evaluated as to the Oral Observation, the absence or presence of calculus on the proposed surfaces, an assignment of teeth to be evaluated for supragingival plaque, stain and tartar removal, and a periodontal probing assignment is made by the Grading Area Examiners.

The last portion of the Dental Hygiene examination involves **Treatment Evaluation**, during which time the patient is evaluated for Supragingival Plaque/Stain Removal, Subgingival Calculus removal, Periodontal Probing Depth measurements and overall Tissue Management.

The candidate is required to remove the supragingival plaque, stain and calculus from all teeth contained in the quadrant(s) which have been listed on the treatment grid by the candidate. From the quadrant, or at most two (2) quadrants, articulated by the teeth selected in the treatment grid, the examiners in the grading area will then identify five (5) teeth for evaluation of supragingival deposit removal. Those teeth which have been identified for supragingival deposit removal will be listed on the candidate's Treatment Evaluation Grading Area request form, which is returned to the candidate subsequent to the patient's treatment evaluation conducted in the grading area during the second evaluation session.

For each error in **EITHER** Calculus Detection or Calculus Removal, the candidate will receive point deductions assigned for that assessment. For the Treatment Presentation procedure, the candidate's performance is evaluated as to whether calculus is presented on the selected surfaces and for proper completion of the Oral Observation. For the Treatment Evaluation procedure, the candidate's performance is evaluated as to whether calculus, determined originally present on selected surfaces, has been removed, whether plaque/stain also has been removed from the five teeth assigned to be graded, and whether pocket depth measurements were accurate +/- 1.0 mm on the designated teeth.

4. **Examination Content and Scoring**

The Dental Hygiene Examination consists of three procedures, (a) Patient Selection (b) Treatment Presentation; and (c) Treatment Evaluation. Candidates must complete the entirety of the Dental Hygiene Examination within the allotted three and one half hour clinic period.

a) Patient Selection

The **Patient Selection** portion of the examination will begin thirty minutes after the Set Up period. The Patient Selection procedure is evaluated based on whether the patient meets the published examination requirements regarding patient selection and the proper completion of **all** required patient paperwork.

Failure to properly complete all paperwork and/or present teeth and/or calculus which comports with published criteria will result in patient rejection and penalty point assessments as outlined in **Table 1** on the subsequent page.

Failure to successfully complete the Patient Selection portion of the Dental Hygiene Examination per the published guidelines and requirements will result in the termination of the candidate's participation in the examination.

The patient's blood pressure must be taken the day of the examination. Failure to take and record the patient's blood pressure the day of the examination will result in penalty points being assessed to the candidate. Listing the patient's blood pressure on the health history, and not taking the blood pressure on the day of the examination, is a breach of examination protocol and **MAY CAUSE FOR DISMISSAL FROM THE EXAMINATION.**

In addition, the candidate is required to present all required instruments necessary for the examination during the Patient Selection Evaluation and treatment evaluation in the Grading Area. Failure to submit the required instruments to the grading area when submitting a patient for Treatment Selection and/or Treatment Evaluation is a five (5) point penalty per occurrence.

Table I Treatment Selection Rejection Point Deduction		
TREATMENT SELECTION ERRORS	Point Deductions	Penalty points are assessed for treatment selections that do not meet the described criteria.
First Rejection	6	Six (6) points for the first rejection
Second Rejection	8	Eight (8) points for the second rejection
Third Rejection	12	Twelve (12) points for the third rejection

b) Treatment Presentation

In the **Treatment Presentation** procedure, points are deducted from the candidate's score for calculus detection errors and for errors in the assessment of the patient in the Intra/Extra Oral Examination. Failure to properly define existing patient extra/intra oral conditions, and/or to improperly list calculus on surfaces of teeth submitted in the Treatment Selection Evaluation Form grid, will result in the loss of points as itemized in **Table II** on the following page.

Table II Periodontal Examination Scoring- Treatment Presentation		
EVALUATED ITEM	Points	CLARIFICATION
Oral Evaluation	5	1 point deducted for each Intra/Extra-Oral Structure that is evaluated and described incorrectly
Calculus Detection	24	2 points deducted for each of the 12 required surfaces that are improperly identified.

c) Treatment Evaluation

For the **Treatment Evaluation** procedure, the candidate's performance is evaluated as to whether calculus, originally determined to be present on selected surfaces, has been removed, and whether supragingival deposits (plaque and stain) have also been removed from the assigned teeth, and whether pocket depth measurements as recorded by the candidate were accurate +/- 1.0 mm on the designated teeth. Each error in subgingival calculus removal, supragingival deposit removal and probing depth measurements will result in the loss of points as itemized in **Table III** below.

In addition the candidate will be evaluated as to whether the adjacent tissues have been properly managed and are free of trauma beyond that which may be typical of the procedure rendered. Gross Tissue damage to adjacent tissues or to the lips and/or facial structures is a Critical Error and will result in failure of the examination.

Failure to successfully complete the Patient Selection portion of the Dental Hygiene Examination per the published guidelines and requirements will result in the termination of the candidate's participation in the examination.

Table III Periodontal Examination Scoring- Treatment Evaluation		
EVALUATED ITEM	POINTS	CLARIFICATION
Periodontal Probing	8	1/3 point for each incorrectly measured pocket depth
Subgingival Calculus Removal	48	4 points deducted for each of the 12 required surfaces that are unacceptably debrided of subgingival accretions
Supragingival Deposit Removal	15	3 points deducted for each of the five teeth that are not free of all supragingival accretions

Candidates will not be notified of performances or critical errors which result from calculus detection, and/or calculus removal errors during the course of the examination, nor will they be dismissed from the examination based on detection/removal errors.

The **Table IV** below summarizes the point scoring system for the dental hygiene treatment selection and treatment evaluation of the examination.

Table IV Periodontal Examination Scoring		
EVALUATED ITEM	Points	CLARIFICATION
Oral Evaluation	5	1 point deducted for each Intra/Extra-Oral Structure that is evaluated and described incorrectly
Periodontal Probing	8	1/3 point deducted for each incorrectly measured pocket depth;
Calculus Detection	24	2 points deducted for each of the 12 required surfaces that are improperly identified.
Subgingival Calculus Removal	48	4 points deducted for each of the 12 required surfaces that are unacceptably debrided of subgingival accretions
Supragingival Deposit Removal	15	3 points deducted for each of the five teeth that are not free of all supragingival accretions
TOTAL	100	

5. Infection Control

During all procedures, the candidate must follow all infection control regulations of the state wherein the examination is being administered and in accordance with the “*Guidelines for Infection Control in Dental Health-Care Settings—2003*” (CDC MMWR: December 19, 2003, Vol. 52, No. RR-17), as published by the Centers for Disease Control and Prevention (CDC). These procedures must begin with the initial setting up of the unit, continue throughout the examinations, and include the final cleanup of the operatory. Infection control will be monitored by the Clinic Floor Examiners. The following point deductions will be applied for infection control violations:

INFECTION CONTROL INFRACTIONS	POINT DEDUCTION
Gross asepsis; operatory area is grossly unclean, unsanitary, or offensive in appearance	100 Points
Failure to dispose of potentially infectious materials and clean the operatory after individual examinations	20 Points
Minor violation of infection control or disease barrier technique	5 Points

6. Patient Management and Treatment

A candidate may be dismissed from the examination for breaches in examination protocol, misrepresentation of blood pressure readings, unprofessional conduct, and/or violations of barrier and infectious disease control which may place patients, staff, examiners or other candidates at risk.

At all times during the conduct of any examination, candidates and their auxiliary personnel are expected to treat patients in an ethical manner and exhibit the proper concern for their safety, comfort, and welfare.

TABLE V PATIENT MANAGEMENT AND TREATMENT INFRACTION	POINT DEDUCTION
Improper management of significant medical history or pathological condition	100 Points
Third rejection or no follow-up submissions for improper treatment selection	26 Points
Poor patient management and/or disregard for the patient's welfare or comfort	20 Points
Administration of anesthetic before approval of tooth selection or periodontal assignment by examiners	10 Points
Improper operator/patient position	5 Points
Improper submission of required instruments	5 Points

7. Critical Errors

Three (3) examiners independently evaluate all rated treatment criteria for the examination, and the examiners' agreements are translated by scoring algorithm into a numerical score. **Candidates who have errors in calculus detection will receive an error in calculus removal for those corresponding surfaces.** Therefore, four (4) errors in Calculus detection will result in four (4) errors in calculus removal. Critical Errors are listed in **Table V** on the following page.

For purposes of this examination, it has been determined that four (4) or more errors in calculus detection; OR failure to remove four (4) or more surfaces of calculus from the twelve (12) assigned surfaces; OR a combination of four (4) or more errors in calculus detection and/or calculus removal will result in an automatic failure of the examination and a grade of "0" will be assigned.

In addition, damage to adjacent soft and hard tissues is evaluated. Damage to four (4) or more areas of hard or soft tissue within or near the treatment selection or any instance of severe damage to the lips or mucosa will be considered a Critical Error and result in failure of the Dental Hygiene Examination.

TABLE V CRITICAL ERRORS	
CRITICAL ERRORS	Critical Errors will result in failure of the Dental Hygiene Examination
Detection Errors	Four or more errors in calculus detection
Calculus Removal Errors	Four or more errors in calculus removal
Combination Detection/Removal	A combination of four or more errors in detection and/or calculus removal
Tissue Damage	Four or more areas of tissue damage adjacent to treatment areas
Tissue Damage	Gross damage to the adjacent tissue, and/or lips, tongue or other oral structures

PART V ADMINISTRATION

1. Treatment Criteria Overview

The table below depicts the aforementioned treatment criteria for each procedure:

PATIENT SELECTION AND DOCUMENTATION
Patient Selection
Completion of Patient Forms
Blood Pressure Recorded
Radiographs Reviewed
Required Instruments Present
Subgingival Calculus Notation
Teeth Selection Meets Criteria
Presence of Explorer Detectable Calculus Defined
TREATMENT PRESENTATION
Oral Assessment
Oral/Soft Tissue Examination
Presence of Explorer Detectable Calculus
TREATMENT EVALUATION
Calculus Removal
Absence of Subgingival Calculus
Absence of Supragingival Calculus
Plaque and Stain Removal
Absence of Visually Evident Plaque or Stain
Pocket Depth Measurements
Probing Measurements
Tissue and Treatment Management
Soft Tissue Trauma
Hard Tissue Trauma

2. Treatment Selection

The Treatment Selection Evaluation Worksheet (which is provided in the candidate's confirmation packet and available on the CITA website), is provided to the candidate to aid them in the patient selection process.

It may be completed prior to the day of the examination. Candidates are responsible for independently (**without the assistance of faculty and/or colleagues**) selecting and documenting teeth and surfaces for treatment that fulfill the published criteria.

The form is titled "HYGIENE TREATMENT SELECTION WORKSHEET". It contains instructions for candidates to fill out on the day of the examination. It includes a grid for marking teeth and surfaces for treatment, with columns for tooth numbers (1-32) and rows for surfaces (M, D, B, L). The form also includes sections for "Teeth Selection" and "Calculus Detection" with specific instructions on how to mark the grid.

On the day of the examination, this information must be **ACCURATELY** transferred to the Treatment Selection Form.

The following guidelines must be adhered to insofar as treatment selection for the dental hygiene examination is concerned:

Teeth

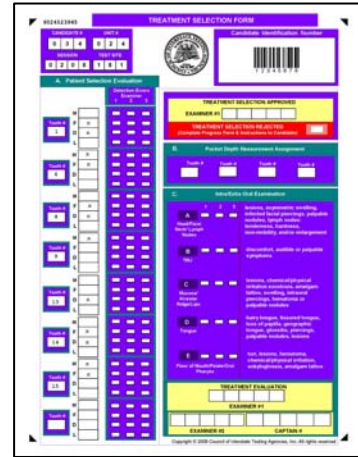
- For the examination, the candidate must select at least six (6) and not more than eight (8) teeth upon which the candidate will designate twelve (12) surfaces of subgingival calculus for removal. Four of the teeth selected must be posterior teeth.
- Candidates are strongly encouraged to utilize teeth within the same quadrant and in no event shall the candidate utilize more than two quadrants.
- Selected teeth must have at least one approximating tooth within a 2mm distance, i.e. one molar must have a proximal contact
- The numbers of the selected teeth are listed in ascending order on the Treatment Selection Form.

The form is titled "TREATMENT SELECTION FORM". It contains a grid for marking teeth and surfaces for treatment, with columns for tooth numbers (1-32) and rows for surfaces (M, D, B, L). The form also includes sections for "Patient Selection Evaluation" and "Treatment Selection" with specific instructions on how to mark the grid.

The candidate is responsible for treating ALL surfaces of all teeth in the treatment selection.

Subgingival Calculus

- Of the twelve (12) subgingival surfaces, at least eight (8) surfaces must be on posterior teeth; four (4) of these posterior surfaces must be interproximal.
- The candidate must indicate the presence of subgingival calculus on the selected tooth surfaces by placing an “X” in the appropriate box on the Treatment Selection Evaluation Form.
- Subgingival calculus must be present on each tooth listed in the treatment selection grid and be charted for removal. (mesial, facial, distal, or lingual).
- If subgingival calculus is on the line angles of the tooth, it must be marked on the interproximal surface, e.g., a deposit on the disto-facial line angle would be marked on the distal.

The image shows a 'TREATMENT SELECTION FORM' (TSF) used in dental practice. It features a grid for recording tooth selection and evaluation. The form includes sections for 'Patient Information', 'Treatment Selection Options', 'Patient Health Assessment/Management', 'Subgingival Evaluation', and 'Treatment Evaluation'. The grid is organized by tooth type (Anterior, Premolar, Molar) and surface (Mesial, Facial, Distal, Lingual). The form is designed to be filled out by a candidate, with 'X' marks indicating the presence of subgingival calculus on specific tooth surfaces.

3. Subgingival Calculus Detection

All supragingival calculus, plaque, and stain must be removed from the coronal surfaces of the teeth within those quadrant(s) which are articulated by the teeth which have been listed in the treatment grid by the candidate so that the non-decalcified surfaces are visually clean when air-dried and tactilely smooth upon examination with a #11/12 explorer. As previously noted, the use of disclosing solution is **NOT** permitted.

Qualified deposits may exhibit such characteristics as:

- a definite “jump” or “bump” felt by the explorer, with the rough surface characteristic of calculus
- ledges or ring formations
- spiny or nodular formations

Qualified deposits must be apical to the gingival margin and may occur with or without associated supragingival deposits.

4. Scaling

The subgingival surfaces of the selected teeth must be smooth, with none of the selected deposits detectable with an #11/12 explorer. Air may be used to deflect the tissue to locate areas for tactile confirmation.

5. Pocket Depth Measurement

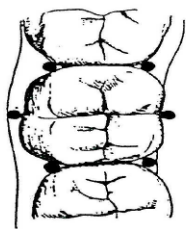
Pocket depths are accurately assessed and recorded on four (4) assigned teeth. Teeth assigned for probing will be teeth that are in the Treatment Selection Grid and will include at least two (2) posterior teeth.

Probing of the gingival sulcus and/or periodontal pockets must be accurate within +/- 1.0 mm on all root surfaces of the four (4) assigned teeth.

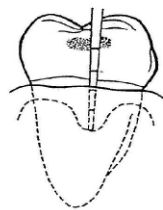
The probe should be positioned as follows:

- The probe should be parallel to the root surface and the long axis of the tooth (except interproximally).
- **Interproximally, the probe should be positioned with the shank against the contact point and the tip angled slightly into the col so it is directly beneath the contact area.** If a tooth is not in contact, the probe should be placed at the midpoint of the proximal surface and the same measurement recorded for both facial and lingual aspects. Facial and lingual measurements should be made at the midpoint of the tooth.
- The upper portion of the probe is stabilized in contact with the greatest convexity of the coronal portion of the tooth.
- The tip is positioned at the depth of the sulcus at the soft-tissue attachment, using light pressure.

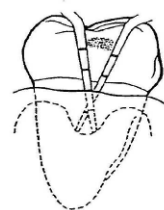
The illustrations that follow depict the placement of the probe, from both the occlusal and interproximal perspectives:



*Probe Positions
from Occlusal*



*Probing When
No Contact*



*Interproximal
Angulation*

6. Supragingival Calculus, Plaque and Stain Removal

All supragingival calculus, plaque, and stain must be removed from the coronal surfaces of the assigned teeth so that the non-decalcified surfaces are visually clean when air-dried and tactilely smooth upon examination with a #11/12 explorer. As previously noted, the use of disclosing solution is **NOT** permitted.

7. Oral Examination

The Oral Observation Form should NOT be completed prior to the examination. Candidates will be required to complete the Oral Observation examination **after** their patient has been approved.

Performance Criteria and Minimal Competency Level

The candidate must record the condition and location of any tissue or feature which demonstrates those significant findings that are identified on the form and described below: (see Glossary for definition of terms).

EXTRA-ORAL

- (1) Examine and palpate the HEAD, FACE and NECK for any lesions, asymmetry, swelling, infected facial piercings or palpable nodules, which may include a raised mole.
- (2) Palpate LYMPH NODES for any evidence of tenderness, hardness, non-mobility or enlargement.
- (3) Examine the function of the TEMPOROMANDIBULAR JOINT for evidence of discomfort, restricted opening, audible or palpable symptoms.

The form is titled 'HYGIENE ORAL OBSERVATION FORM'. It includes a 'Candidate Identification Number' field, a logo, and a 'Pass/Fail' indicator. Below the header, there is a note: 'If observations are noted, write in the space provided, a one-line comment describing the condition and location. All soft tissue structures should be inspected for lesions, chemical or physical irritation, swelling or palpable nodules. If no observations are noted, place a check mark in the box provided.' The form is divided into two main sections: 'EXTRINSICAL' and 'INTRINSICAL'. The 'EXTRINSICAL' section includes 'A. Head, Face, Neck and Lymph Nodes' and 'B. TMJ'. The 'INTRINSICAL' section includes 'C. Maxilla/Mandible Ridge/Lips', 'D. Tongue', and 'E. Floor of Mouth/Palate/Oral Pharynx'. Each section has a 'No observation' checkbox and a 'Record Condition and Location' field.

INTRA-ORAL

Soft Tissue

- (1) Examine and palpate the ORAL MUCOSA/ALVEOLAR RIDGE/LIPS for lesions, chemical or physical irritation, exostosis, amalgam tattoo, swelling, intraoral piercings, hematoma, or palpable nodules. Presence of any of these shall be noted.
- (2) Examine and palpate the PALATE and ORAL PHARYNX (including tonsillar pillars). Note the presence of tori, lesions and hematoma, including chemical/physical irritation.
- (3) Examine the TONGUE. Note the presence of hairy tongue, fissured tongue, loss of papilla, geographic tongue, glossitis, piercings, or lesions.
- (4) Examine the FLOOR of the MOUTH. Note the appearance of ankyloglossia, tori, hematoma, lesions and amalgam tattoo.

This form is identical in layout to the Extra-Oral form, but it is specifically for intra-oral observations. It includes the same header, note, and table structure. The 'EXTRINSICAL' section is not applicable for this form, and the 'INTRINSICAL' section covers the oral cavity as described in the list above.

Candidate Instructions

Any significant findings as identified above should be described and the **location** identified in a one-line comment or with checkmarks, if so provided. If the tissue or feature demonstrates no significant findings, check “no observation” in the box provided. The form should be completed in blue/black ink. Example of significant finding description and location:

- *“Small, fibrous nodule on buccal mucosa, adjacent to left commissure.”*

8. Tissue Condition

Hard and soft tissue adjacent to all teeth in the selected treatment selection and additional teeth will be evaluated. In addition, trauma to the lips or oral mucosa will be considered tissue trauma. The candidate must effectively utilize sonic/ultrasonic or hand instruments, polishing cups, and dental floss so that no unwarranted hard/soft tissue trauma (abrasions, lacerations or ultrasonic burns) occurs as a result of the procedure. Acceptable performance will have been demonstrated if 100% of all tissue surfaces exhibit no unusual mechanical damage.

9. Forms

a. Treatment Selection Worksheet

This worksheet is used by the candidate prior to and the day of the examination to note and record teeth numbers, pocket depths and surfaces of teeth where calculus resides. This form is for the **candidate’s use only** and will not be submitted to the Grading Station.

b. Treatment Selection Form

The candidate must accurately transfer the information from the Treatment Selection Worksheet to the Treatment Selection Form (1) (prior to Patient Selection evaluation. Before sending the patient to the Grading Area for Treatment Presentation evaluation, the grid information **MUST** be transferred to the three (3) Treatment Evaluation Forms. This must include the six (6) to eight (8) selected tooth numbers (in ascending order) and the twelve (12) selected surfaces (marked with an “X”) with subgingival calculus which is to be removed. Each of the selected teeth must have at least one (1) surface of subgingival calculus selected for removal.

c. Oral Observation Form

The candidate should note any observations of the Head, Face and Neck as listed on the form. The candidate should also note the presence of any intra oral conditions as listed on the form. If the candidate does not observe any of the

listed conditions the candidate should place a check mark in the “no observation” box.

d. Treatment Evaluation Form

This form will be used by the Examiners in the Grading Station to record any errors in calculus removal, plaque/stain removal, hard or soft tissue damage, and to note any errors in pocket depth measurement.

e. Patient Medical Health History Form

This form is part of the Progress Form and is used by the candidate to record the health and medical history of the patient. All notations regarding the patient’s medical history must be made on the Medical History Form. The patient’s current blood pressure must be taken by the candidate, and the required records should be reviewed for accuracy and completeness.

f. Patient Consent Form

This form is part of the Progress Form and is reviewed and signed by the patient.

g. Instructions to Candidate Form

This form is used by the Examiners to notify the candidate of the need for any additional action or requirement.

h. Dental or Dental Hygiene Notification Form

This form is reviewed by the patient and signed by the patient should there be a need for patient follow up care. The Chief, Co-Chief or CFE will complete this form and leave a copy with the candidate and the patient.

i. Progress Form

The candidate should fill out the Progress Form and refer to this form for paperwork/patient approval and/or rejection.

j. Grading Station Request Forms

The candidate will need to fill out the appropriate Grading Station Request Form each time his/her patient is sent to the grading station for evaluation.

k. Radiograph Verification Form

This form is provided to the candidate in the confirmation packet and will need to be completed and turned in at registration the day of the examination. This form verifies that the radiographs presented during the examination are of the patient being presented for approval.

I. Follow-Up Care Form

This form is provided to the candidate in the confirmation packet and is part of the Radiograph Verification Form and will need to be completed and turned in at registration the day of the examination. The candidate must indicate who or what facility will provide follow-up care for the patient, in the event that follow-up care is required.

10. PROCEDURAL ASPECTS

a. Presenting Paperwork for Approval

Candidates are allowed thirty (30) minutes to set up their operatories, take any necessary radiographs, obtain all supplies, instruments and/or equipment from the academic institution, record the patient's blood pressure, and complete all necessary paperwork including the health history and treatment consent form.

When the Periodontal Progress Folder (Progress Form, Medical Health History Form and Treatment Consent Form) is completed and the treatment grid information from the Treatment Selection Worksheet has been properly transferred to the Treatment Selection Form, the candidate's paperwork is ready for approval.

CANDIDATES ARE NOT TO COMPLETE THE ORAL OBSERVATION FORM or TREATMENT EVALUATION FORM AT THIS TIME.

The candidate must have the required instruments displayed in a conspicuous place in open view for the Examiner to confirm. **Examiners will not remove lids, or open containers to verify instruments. It is the candidate's responsibility to have their instruments accessible to the Examiners.**

b. Presenting Instruments for Approval

Candidates must have displayed on an opened instrument tray the following instruments:

- PCV-12 HuFriedy PH-6 Color Vue probe



- ODU #11/12 Explorer



- A clean, metal, unscratched front surface mouth mirror



Paperwork will NOT be approved until the proper instruments are presented to the examiners.

The Chief Examiner or a Clinic Floor Examiner will clear all candidates from the clinic in accordance with the published time indicated on the examination schedule. Once the clinic is cleared, the candidate's paperwork and selection grid will be evaluated.

c. Candidate Paperwork/Instrument Approval

The examiners will check to ensure that all paperwork is completed correctly, required instruments are present and that the patient selected meets examination guidelines.

The Examiner will then evaluate the Treatment Selection Form and confirm that there are six (6) to eight (8) teeth with twelve (12) surfaces of subgingival calculus which have been charted properly on the Treatment Selection Form and are contained within at least one (1) but no more than two (2) quadrants.

After all the candidate's paperwork has been evaluated, candidates will be allowed to re-enter the clinic, at which time they will be informed as to the acceptance or rejection of their paperwork or patient. If the paperwork or patient has been rejected, an Instructions to Candidate Form will have been issued and the candidate will be required to correct the deficiency or submit another patient for approval. **No more than three (3) treatment selections may be submitted.**

The candidate's score will be reduced for each unacceptable treatment selection. If a third treatment selection is rejected, the cumulative point deduction for those three rejections **WILL RESULT IN FAILURE AND DISMISSAL FROM THE EXAMINATION.**

If neither a second nor a third treatment selection is presented after the first rejection, the candidate may not continue with that treatment procedure and will receive a score of "0" for that portion of the examination.

d. Grading Station Paperwork Review

Upon re-entering the clinic, candidates will have thirty (30) minutes to complete the Oral Observation Form and transfer the treatment selection information from the Treatment Selection Form to the Treatment Evaluation Form and present to the Grading Area Check-In Station for review and confirmation that the

necessary paperwork has been completed for submission of the candidate's patient to the Grading Area. When the paperwork has been reviewed at the Grading Area Check In Station, if complete, the candidate will receive a Paperwork Acceptance card and they should then return to their operatory. Candidates are NOT to bring their patients to the Check-In Station!

An assistant will come to the candidate's operatory and escort their patient to the Grading Area when there is a chair available in the Grading Area for the initial patient assessment. At the initial patient assessment, Examiners will evaluate the Extra/Intra Oral Exam Observation, Calculus Detection, and will make an assignment for the teeth which the candidate will probe for the probing aspect of the examination. These assessments are made in the Grading Station by the Examiners on the Treatment Selection Evaluation form.

e. Patient Submission

In order to be guaranteed the full one and one half (1 ½) hours of patient treatment time, the candidate must be in line to receive paperwork review and validation, within the thirty minute period. **This will include candidates who may have had their patients rejected or who may need to correct items and/or paperwork on their existing patient.**

The Candidates will be listed by the Check In Station on a first come basis. Candidates are NOT to bring their patients to the Check-In Station.

Candidates who have received a Paperwork Acceptance card, and have submitted their paperwork for validation within the thirty (30) minute allotted time will be assigned the full one and one half (1 ½) hours of patient treatment time and will be given a Finish Time accordingly. It is the candidate's sole responsibility to track the time remaining in their assigned finish time.

Any candidate who has not presented to the Patient Check-In Station within the thirty (30) minutes permitted, may present their paperwork for review to the Check In Station after the thirty minute period; however, the candidate's patient will be evaluated after those candidates who have submitted their patient within the allotted time line. Regardless of when the patient returns from the Grading Area, the assigned Finish Time will not extend beyond the published clinic period.



Candidates may NOT, under any conditions submit a patient to the Grading Station with less than one (1) hour of time remaining in the published clinic period, or the announced clinic period end time, if altered at the testing site by the Chief Examiner.

Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork for review and validation. A CITA staff representative will check all paperwork and materials and will give the candidate a "Paperwork Acceptance" card. The candidate will

then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments and will escort the patient to the grading station. Candidates are NOT to bring their patients to the Check-In Station.

Please note that the Treatment Selection Form will NOT be returned to the candidate after the patient has been submitted to the Grading Station; therefore, it is IMPERATIVE, the candidate transfers the information from the Treatment Selection Form to the Treatment Evaluation Forms BEFORE sending their patient to the Grading Station. The Treatment Selection Evaluation Form must be completed by placing barcodes on all three sheets. Candidates MUST not transfer the information UNTIL their patient and paperwork have been approved.

The following items must be sent with the patient to the Grading Station:

- Completed Treatment Selection Grading Room Request Form
- Completed Treatment Selection Form
- Completed Progress Form
- Completed Oral Observation Form
- Pre-operative radiographs
- Required Instruments presented in a sealable container no larger than 10" x 6" x 3.5"
- Patient protective eyewear (personal eyewear is acceptable)
- 2 x 2 gauze

f. Grading Station Evaluation (First Trip)

The initial examiner will verify that there are four (4) teeth which are suitable to be probed and will make the pocket depth measurement assignment on the Treatment Selection Grading Room Request Form.

The image shows a screenshot of a form titled "Treatment Selection Evaluation". The form is divided into several sections. At the top, there is a header with the text "Treatment Selection Evaluation Grading Room Request Form". Below this, there is a section for "Candidate Information" with fields for Name, Date of Birth, and Time In/Out. There is also a "Instructions" section with a "Return to Candidate Form" button. The main section is "POCKET DEPTH MEASUREMENT ASSIGNMENT" with a sub-header "To Be Completed in Grading Station by Examiner". It includes a list of items to bring to the check-in area and a "COMMUNICATION FROM CANDIDATE" section. At the bottom, there are fields for "Grader #1", "Grader #2", and "Captain/Chief".

Teeth assigned for probing will be the same teeth as in the Treatment Selection Grid and will include at least two (2) posterior teeth. The Examiner will also evaluate the patient for subgingival calculus detection errors.

For purposes of this examination, it has been determined that four (4) or more errors in calculus detection will result in an automatic failure of the examination and a grade of "0" will be assigned and reported in the candidate's final score report.

Time spent in the grading station will vary depending on many factors; however, all candidates will receive one and one half (1 ½) hours of patient treatment time subsequent to the patient being returned from the Grading Station provided that they have submitted their patient to the grading area Check-In-Station within the allotted thirty (30) minute time period. **Unless specifically notified otherwise by a CITA Clinic Floor Examiner, the Examination Chief or Co-Chief(s), all**

treatment must be completed by the end of the assigned examination time period. The finish time will be assigned on the Treatment Selection Grading Room Request Form and Progress Form in the box denoted "Finish Time."

The finish time noted on the Treatment Selection Grading Room Request Form and Progress Form is the official Finish Time and will be the time the candidate has for completing treatment of the patient. Any question regarding the candidate's finish time should only be addressed to the Clinic Floor Examiner, Chief or Co-Chief(s). Any changes to a candidate's finish time will be made to the candidate's Progress Form and the Treatment Selection Grading Room Request Form.

g. Completion of Treatment Evaluation Procedure

When the patient is returned to the candidate from the Grading Station, as previously mentioned, the candidate's finish time will be recorded on the Progress Form and Treatment Selection Grading Room Request Form. The finish time will also be posted on a post-it-note that is given to the candidate and will need to be displayed outside of the candidate's operatory.

The probing depth assignments will be recorded on the Treatment Selection Grading Room Request Form and the candidate will need to be sure to record the pocket depths for the four (4) assigned teeth, in the appropriate areas on the Treatment Evaluation Forms. During the clinical examination, the assigned teeth must be probed and all readings recorded by the candidate on the Treatment Evaluation Forms. Treatment should be commenced and continue until it is completed or until the designated finish time.

Candidates **SHALL SCALE ALL SUBGINGIVAL SURFACES** on the six (6) to eight (8) selected teeth, but only the twelve (12) surfaces selected will be evaluated for calculus removal.

Supragingival calculus, plaque, and stain must be removed from ALL surfaces of the teeth within those quadrant(s) which are articulated by the teeth which have been listed in the treatment grid by the candidate as five (5) of these teeth will be selected by the initial examiner and graded by three (3) independent examiners as part of the supragingival deposits (calculus, plaque and stain) removal assessment.

By the stipulated completion time, each candidate should have completed the six (6) sulcus/pocket measurements on each of the four (4) assigned teeth and recorded such findings in millimeters (mm) on the Treatment Evaluation Forms.

While there is NOT a penalty to the candidate for scaling other teeth in the arch and/or patient's mouth, scaling and polishing areas other than those listed on the treatment selection form is at the sole discretion of the candidate.

At the end of the candidate's assigned finish time, it is the candidate's responsibility to cease all clinical treatment. The candidate will need to put all instruments and hand-pieces down and sit his/her patient in an upright position and prepare the patient to be sent to the Grading Station for Treatment Evaluation.

NOTE: IT IS THE RESPONSIBILITY OF EACH CANDIDATE TO MANAGE THEIR TIME, AND TO TRACK THE TIME THEY HAVE REMAINING UNTIL THEIR FINISH TIME. CANDIDATES WILL NOT BE NOTIFIED OF THE TIME THEY INDIVIDUALLY HAVE REMAINING IN THE CLINIC.

FAILURE TO CEASE CLINICAL TREATMENT AT THE ASSIGNED FINISHED TIME WILL RESULT IN FAILURE OF THE EXAMINATION.

h. Grading Station Evaluation (Second Trip)

Once the candidate has completed all treatment and is ready to have their patient evaluated, the candidate will then need to submit to the Check-In Station the required paperwork and materials. Candidates are NOT to bring their patients to the Check-In-Station. Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork. A CITA staff representative will check all paperwork and material and will give the candidate a "Paperwork Acceptance" card. The candidate will then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the



patient from the operatory, along with the paperwork and instruments and will escort the patient to the grading station.

The following items must be sent with the patient to the Grading Station:

- Completed Treatment Evaluation Grading Room Request Form
- THREE (3) Completed Treatment Evaluation Forms with barcode labels
- Completed Progress Form
- Pre-operative radiographs
- Required instruments in a sealable container, which is no larger than 10" x 6" x 3.5"
- Protective patient eyewear (personal eyewear is acceptable)
- 2 x 2 gauze

The patient must be wearing a **CLEAN** napkin when sent to the Grading Station. While the patient is being evaluated, the candidate must clean and disinfect their operatory.

i. Examiner Evaluation

The initial Examiner will assign the teeth to be evaluated for the supragingival calculus, plaque and stain removal from the teeth within those quadrant(s) which are articulated by the teeth which have been listed in the treatment grid by the candidate. The initial Examiner, along with two (2) other independent examiners, will:

- 1) Evaluate subgingival calculus removal from the selected teeth surfaces
- 2) Evaluate supragingival deposits removal (calculus, stain, and plaque removal) from the surfaces on the assigned teeth
- 3) Grade pocket depth measurements on the four assigned teeth
- 4) Evaluate overall tissue condition

The determinations made by the three examiners will be entered on the Treatment Evaluation form.

11. Examination Completion Following Examiner Evaluation

Once the patient is returned from the Grading Station, the candidate should check the paperwork to see that all forms have been completed and to note the presence or absence of an Instructions to the Candidate Form which may need to be reviewed with the patient prior to patient dismissal.



The Clinic Floor Monitor **MUST** review with the candidate all paperwork and place their Examiner Number on the Progress Form and give a “Patient Dismissal” card to the candidate prior to final patient dismissal.

12. Dental Hygiene Check-Out Procedure

Candidates are encouraged to refer to the Candidate Tutorial Booklet for instructions on the check-out process. The items specified below should be enclosed in the **original Candidate packet** and turned-in at the Check-Out Station in the following order:

1. Identification Badge without the badge holder
2. Progress Form
3. Treatment Selection Grading Room Request Form

4. Treatment Evaluation Grading Room Request Form
5. Any Treatment Selection Forms from patient rejections
6. Any extra forms
7. Any yellow Instructions to Candidate Forms

PART VII

GLOSSARY OF WORDS, TERMS AND PHRASES

The following information provides definitions and/or descriptions of words, terms or phrases used by CITA for purposes of examining and evaluating candidates for dental licensure. Furthermore, this information should assist not only candidates with their understanding of the criteria and procedures for this examination, but also examiners in making consistent evaluations of candidate performance.

The words, terms or phrases have been collected from many sources, including, but not limited to, CITA's evaluation criteria, various evaluation forms, and information appearing elsewhere in this manual. Other similar items not found in the foregoing sources have been included, inasmuch as they also may be used by examiners or candidates during the course of the examination. The definitions or descriptions for the words, terms or phrases were derived from dictionaries, dental dictionaries, operative dentistry textbooks, glossaries from dental schools, operative dentistry technique or procedure manuals. The periodontal terms were taken from the "*Glossary of Periodontic Terms*" published by the American Academy of Periodontology.

TERM	DEFINITION
Abfraction	The deep V-shaped groove usually noted at the CEJ which is caused by bruxism. This may be visible or below the gingival margin.
Abrasion	Abnormal wearing of tooth substance or restoration by mechanical factors other than tooth contact.
Abutment	A tooth used to provide support or anchorage for a fixed or removable prosthesis.
Acrylic Resin	Synthetic resin derived from acrylic acid used to manufacture dentures/denture teeth and provisional restorations
Adjustment	Selective grinding of teeth or restorations to alter shape, contour, and establish stable occlusion
Angle	A corner; cavosurface angle : angle formed between the cavity wall and surface of the tooth; line angle : angle formed between two cavity walls or tooth surfaces.
Apical	The tip, or apex, of a root of a tooth and its immediate surroundings.
Attached Gingiva	The portion of the gingiva that extends apically from the base of the sulcus to the mucogingival junction.

TERM	DEFINITION
Attrition	Loss of tooth substance or restoration caused by mastication or tooth contact.
Axial Wall	An internal cavity surface parallel to the long axis of the tooth.
Base	Typically a replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts. Examples include ZOE B&T, IRM, glass ionomer cement and zinc-phosphate cement.
Bevel	A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°.
Bonding Agent	See “ <i>Sealers.</i> ”
Bridge	Permanently fixed restoration that replaces one or more missing natural teeth.
Build Up	A restoration associated with a cast restoration, which replaces some, but not all, of the missing tooth structure coronal to the cemento-enamel junction; the buildup provides resistance and retention form for the subsequent cast restoration; also called Pin Amalgam Build Up (PABU) or Foundation.
Calculus	A hard deposit attached to the teeth, usually consisting of mineralized bacterial plaque.
Caries	An infectious microbiological disease that results in localized dissolution and destruction of the calcified tissues of the teeth. The diagnosis of dentinal caries is made by tactile sensation with light pressure on an explorer described as (1) a defect with a soft, sticky base, or (2) a defect that can be penetrated and exhibits definite resistance upon withdrawal of the explorer.
Cavity Preparation	Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration.
Cavosurface Margin	The line angle formed by the prepared cavity wall with the unprepared tooth surface; the margin is a continuous entity enclosing the entire external outline of the prepared cavity; also called the cavosurface line angle.
Cemento-enamel Junction	Line formed by the junction of the enamel and cementum of a tooth.
Centric Occlusion	That vertical and horizontal position of the jaws in which the cusps of the maxillary and mandibular teeth interdigitate maximally.
Centric Relation	That operator guided position of the jaws in which the condyles are in a rearmost and uppermost position in the fossae of the temporomandibular joint.
Contact Area	The area where two adjacent teeth approximate.

TERM	DEFINITION
Convenience Form	The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity.
Convergence	The angle of opposing cavity walls which, when projected in a gingival to occlusal direction, would meet at a point some distance occlusal to the occlusal or incisal surface.
Core	A restoration associated with a cast restoration which replaces ALL coronal tooth structure and is usually associated with a post of one type or another; the core provides resistance and retention form for the subsequent cast restoration.
Crown	Cast-metal restoration or porcelain restoration covering most of the surfaces of an anatomical crown.
Cusp (Functional)	Those cusps of teeth which by their present occlusion provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.
Cusp (Non-Functional)	Those cusps of teeth which by their present occlusion DO NOT provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.
Debris	Scattered or fragmented remains of the cavity preparation procedure; all debris should be thoroughly removed from the preparation before the restoration is placed.
Defective Restoration	Any dental restoration which is judged to be causing or is likely to cause damage to the remaining tooth structure if not modified or replaced.
Dentin	Calcified tissue surrounding the pulp and forming the bulk of the tooth.
Deposits--Subgingival	Deposits which are apical to the gingival margin.
Deposits--Supragingival	Deposits which are coronal to the gingival margin.
Divergence	The angle of opposing cavity walls which, when projected in an occlusal to gingival direction, would meet at a point some distance gingival to the crown of the tooth.
Embrasure	A "V" shaped space continuous with an interproximal space formed by the point of contact and the subsequent divergence of these contacting surfaces in an occlusal (incisal), gingival, facial or lingual direction.
Enameloplasty	The selected reshaping of the convolutions of the enamel surface (fissures and ridges) to form a more rounded or "saucer" shape to make these areas more clean able, finish able, and allow more conservative cavity preparation external outline forms.
Erosion	Abnormal dissolution of tooth substance by chemical substances; typically involves exposed cementum at the CEJ.
Exposure	See "Pulp Exposure."

TERM	DEFINITION
Fissure	A developmental linear fault in the occlusal, buccal or lingual surface of a tooth, commonly the result of the imperfect fusion of adjoining enamel lobes.
Flash	Excess restorative material extruded from the cavity preparation extending onto the unprepared surface of the tooth.
Foundation	See <i>“Build Up.”</i>
Gingival Recession	The visible apical migration of the gingival margin, which exposes the CE junction and root surface.
Gingival Wall	An internal cavity surface perpendicular to the long axis of the tooth near the apical or cervical end of the crown of the tooth or cavity preparation.
Gingivitis	Inflammation of the gingiva.
Glass Ionomer	Material containing polyacrylic acid and aluminosilicate glass that that can be used as restorative, lining or luting material.
Grainy	The rough, perhaps porous, poorly detailed surface of a material.
Ill-Defined	A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design.
Infra-Occlusion	A tooth or restoration which lacks opposing tooth contact in centric when such contact should be present.
Interproximal Contact	The area of contact between two adjacent teeth; also called proximal contact.
Isthmus	A narrow connection between two areas or parts of a cavity preparation.
Keratinized Gingiva	In healthy mouths, this includes both the free marginal and attached gingiva which are covered with a protective layer of keratin; it is the masticatory oral mucosa which withstands the frictional stresses of mastication and toothbrushing; and provides a solid base for the movable alveolar mucosa for the action of the cheeks, lips and tongue.
Line Angle	The angle formed by the junction of two surfaces; in cavity preparations there can be internal and external line angles which are formed at the junction of two cavity walls.
Line of Draw	The path or direction of withdrawal or seating of a removable or cast restoration.
Liner	Typically, a material placed between dentin and a dental restoration to provide protection to the dentin and/or pulp. Examples of liners include Gluma, Vitrebond, Dycal and Cavitec.
Liner - Treatment	An appropriate dental material placed in deep portions of a cavity preparation to produce desired effects on the pulp such as insulation, sedation, stimulation of odontoblasts, bacterial reduction, etc.; also called therapeutic liner.

TERM	DEFINITION
Long Axis	An imaginary straight line passing through the center of the whole tooth occlusoapically.
Marginal Deficiencies	Failure of the restorative material to properly and completely meet the cut surface of the cavity preparation; the marginal discrepancy does not exceed 0.5 mm, and the margin is sealed; may be either voids or under-contour.
Marginal Excess	Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also "over-contoured," "flash," "over-extension."
Mobility	The degree of looseness of a tooth.
Occluso-Axial Line Angle	In a casting preparation, the angle formed by the junction of the prepared occlusal and axial (lingual, facial, mesial, distal) surfaces.
Open Margin	A cavity margin or section of margin at which the restorative material is not tightly adapted to the cavity preparation wall(s); margins are generally determined to be open when they can be penetrated by the tine of a sharp dental explorer
Outline Form (External)	The external boundary or perimeter of the area of the tooth surface to be included within the outline or enamel margins of the finished cavity preparation.
Outline Form (Internal)	The internal details and dimensions of the finished cavity preparation.
Over-Contoured	Excessive shaping of the surface of a restoration so as to cause it to extend beyond the normal physiologic contours of the tooth when in health.
Over-Extension (Preparation)	The placement of final cavity preparation walls beyond the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Over-Extension (Restoration)	Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also "Over-Contoured," "Flash," "Marginal Excess."
Overhang (Restoration)	The projection of restorative material beyond the cavosurface margin of the cavity preparation but which does not extend on to the unprepared surface of the tooth; also, the projection of a restoration outward from the nominal tooth surface; see also "Flash."
Path of Insertion	The path or direction of withdrawal or seating of a removable or cast restoration; see "Line of Draw."
Periapical	Area around the root end of a tooth.

TERM	DEFINITION
Periodontitis	Inflammation of the supporting tissues of the teeth; usually a progressively destructive change leading to loss of bone and periodontal ligament; an extension of inflammation from gingiva into the adjacent bone and ligament.
Pits (Surface)	Small voids on the polished surface (but not at the margins) of a restoration.
Polishing (Restoration)	The act or procedure of imparting a smooth, lustrous, and shiny character to the surface of the restoration
Pontic	The suspended portion of a fixed bridge that replaces the lost tooth or teeth.
Porous (Restoration)	To have minute orifices or openings in the surface of a restoration which allow fluids or light to pass through.
Provisional Restoration	Any restoration, which by its intent, is placed for a reduced period of time or until some event occurs; any restorative material can be placed as a provisional restoration; it is only the intent or the restoration and not the material which determines the provisional status.
Pulp Cap (Direct)	The technique of placing a base (usually a calcium hydroxide material) over the exposed pulp to promote reparative dentin formation and the formation of a dentinal bridge across the exposure; the decision to perform a pulp cap or endodontics and the success of the procedure is determined by the conditions under which the pulp was exposed.
Pulp Cap (Indirect)	The technique of deliberate incomplete caries removal in deep excavation to prevent frank pulp exposure followed by basing of the area with a calcium hydroxide material to promote reparative dentin formation; the tooth may or may not be re-entered in 6-8 weeks to remove the remaining dentinal caries.
Pulp Exposure (Cariou)	The frank exposure of the pulp through clinically carious dentin.
Pulp Exposure (General)	The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage.
Pulp Exposure (Irreparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is greater than 0.5 mm; the tooth had been symptomatic; the pulp hemorrhage is not easily controlled; the exposure occurred in a contaminated field; the exposure was relatively traumatic.
Pulp Exposure (Mechanical) (Unwarranted)	The frank exposure of the pulp through non-cariou dentin caused by operator error, misjudgment, pulp chamber aberration, etc.
Pulp Exposure (Reparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic.

TERM	DEFINITION
Pulpal Wall	An internal cavity surface perpendicular to the long axis of the tooth; also pulpal floor.
Pulpoaxial Line Angle	The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.
Pulpotomy	The surgical amputation of the vital dental pulp coronal to the cemento-enamel junction in an effort to retain the radicular pulp in a healthy, vital state.
Resistance Form	The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement.
Retention Form	The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.
Root Planing	A definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.
Scaling	Instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.
Surface Sealant Composite Resin Restoration Coating	After polishing, the application of the unfilled resin (bonding agent) of the composite resin system to the surface of the restoration to fill porosities or voids in the body of the restoration or at the margins or to provide a smooth surface to the restoration followed by curing.
Sealers	Cavity sealers provide a protective coating for freshly cut tooth structure of the prepared cavity; Varnish: A natural gum, such as copal rosin, or a synthetic resin dissolved in an organic solvent, such as acetone, chloroform, or ether; examples include Copalite, Plastodont, Varnish, and Barrier; Resin Bonding Agents: Include the primers and adhesives of dentinal and all-purpose bonding agents; examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc.
Shade (Restoration)	The color of a restoration, as defined by hue, value, and chroma which is selected to match as closely as possible the natural color of the tooth being restored.
Shoulder Preparation	A shelf cut around the tooth as for a porcelain jacket crown.
Sound Tooth Structure	Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed ½ the thickness of the enamel and cannot be penetrated by an explorer
Stain - Extrinsic	Stain which forms on and can become incorporated into the surface of a tooth after development and eruption; these stains can be caused by a number of developmental and environmental factors.

TERM	DEFINITION
Stain - Intrinsic	Stain which becomes incorporated into the internal surfaces of the developing tooth; these stains can be caused by a number of developmental and environmental factors.
Sonic Scaler	An instrument tip attached to a transducer through which high frequency current causes sonic vibrations (approximately 6,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Sterilization	A heat or chemical process to destroy microorganisms.
Supra-Occlusion	A tooth or restoration which has excessive or singular opposing tooth contact in centric or excursions when such contact should not be present and should be balanced with the other contacts in the quadrant or arch.
Taper	To gradually become more narrow in one direction
Temporary Restoration	See " <i>Provisional Restoration.</i> "
Tissue Trauma	Unwarranted iatrogenic damage to extra/intraoral tissues resulting in significant injury to the patient such as lacerations greater than 3.0 mm, burns, amputated papilla, or large tissue tags.
Ultrasonic Scaler	An instrument tip attached to a transducer through which high frequency current causes ultrasonic vibrations (approximately 30,000 cps); these vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Uncoalesced	The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.
Under-Contoured	Excessive removal of the surface of a restoration so as to cause it to be reduced beyond the normal physiologic contours of the tooth when in health.
Undercut	Feature of tooth preparation that retains the intra-coronal restorative material; an undesirable feature of tooth preparation for an extra-coronal restoration.
Under-Extension (Preparation)	Failure to place the final cavity preparation walls at the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Under-Extension (Restoration)	Restorative material which fails to extend to the cavosurface margin of the cavity walls thereby causing exposure of the prepared cavity wall.
Undermined Enamel	During cavity preparation procedures, an enamel tooth surface (particularly enamel rods) which lacks dentinal support; also called unsupported enamel.

TERM	DEFINITION
Unsound Marginal Enamel	Loose or fragile cavosurface enamel that is usually discolored or demineralized, which can be easily removed with hand instruments when mild to moderate pressure is applied.
Varnish	See “ <i>Sealers.</i> ”
Void(s)	An unfilled space within the BODY of a restoration or at the restoration margin which may or may not be present at the external surface and therefore may or may not be visible to the naked eye.

