

**2010**  
***Dental Hygiene Examination***  
***Candidate Guide***



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The mission of WREB is to be a leading developer and administrator of consistently valid, reliable, state-of-the-art competency assessments, administered with honesty, integrity, and appropriate technology via a collaborative effort of its administrative staff, educators, consultants, and examiners for Dental Health Care Providers and State Agencies that license dental professionals.

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  - ✧ Special Accommodations Information/Accommodations Request Forms
  - ✧ Appeals Process & Forms
- Candidate Forms
  - ✧ Exam Forms
  - ✧ Remediation Forms
- Frequently Asked Questions & Advice
  - ✧ Anesthesia FAQs and Advice
  - ✧ Dental Hygiene FAQs and Advice
  - ✧ Restorative FAQs and Advice
  - ✧ Test Taking Tips
  - ✧ Information on Instruments
- Links
  - ✧ Dental/Hygiene Organizations
  - ✧ Credentialing Services
  - ✧ Other Regional Testing Agencies
  - ✧ Dental Supplies - Equipment

## **WREB Information**

- Member States
- Exam Schools
- Latest News
- History of WREB
- Current Newsletters
- Published Articles and Position Papers

# TABLE OF CONTENTS

<b>GENERAL INFORMATION</b> .....	1
EQUIPMENT AND MATERIALS .....	1
FORMS .....	2
ADMINISTRATION OF ANESTHESIA .....	2
CANDIDATE QUALIFICATION .....	3
PRACTITIONER QUALIFICATIONS/PROTOCOL .....	3
<b>PATIENT CRITERIA</b> .....	4
PERSONAL CRITERIA .....	4
<b>CRITERIA FOR ORAL CONDITIONS</b> .....	5
QUALIFYING CALCULUS .....	5
DENTITION .....	5
<b>RADIOGRAPHIC CRITERIA</b> .....	6
DUPLICATE OR PRINTED DIGITAL RADIOGRAPHIC CRITERIA .....	6
CONVENTIONAL RADIOGRAPHIC CRITERIA .....	6
RADIOGRAPHIC TECHNIQUE EVALUATION .....	6
<b>EXAMINATION PROCEDURES</b> .....	7
EXAMINATION SCHEDULE .....	7
CLINICAL EXAMINATION .....	7
PATIENT QUALIFICATION .....	8
PATIENT SUBMISSION INFORMATION .....	8
PATIENT ACCEPTANCE .....	9
TREATMENT OPTIONS .....	9
CALCULUS REMOVAL .....	9
PERIODONTAL ASSESSMENT .....	10
EXTRA/INTRAORAL ASSESSMENT .....	10
PATIENT REFERRAL .....	11
<b>PERFORMANCE EVALUATION</b> .....	12
GRADING INFORMATION OVERVIEW .....	12
PERIODONTAL ASSESSMENT .....	12
EXTRA/INTRAORAL ASSESSMENT .....	12
CALCULUS REMOVAL .....	13
TISSUE TRAUMA .....	13
POINT DEDUCTIONS .....	13
REMIEDIATION .....	13
LATE PENALTIES .....	14
CHECK-IN .....	14
CHECK-OUT .....	14
<b>SUMMARY OF EXAMINATION PROCESS</b> .....	14
PRIOR TO CHECK-IN .....	14
CHECK-IN .....	15
CANDIDATE CLINICAL PROCEDURES .....	15
CHECK-OUT .....	15
END OF EXAMINATION .....	16
<b>REFERENCES</b> .....	17
<b>FORMS</b>	
MEDICAL HISTORY/CONSENT FORM .....	19/20
MEDICATION/ANESTHESIA DOSAGE FORM .....	21
PATIENT SUBMISSION/ALTERNATE SUBMISSION SHEET .....	22
CANDIDATE ASSIGNMENT FORM/ EXTRA/INTRAORAL EXAMINATION .....	23/24
EXTRA/INTRA ORAL CRITERIA .....	25
SEVERITY OF PERIODONTAL DISEASE CRITERIA .....	26
CANDIDATE CLINICAL EXAMINATION SCHEDULE .....	27
CALCULUS CHART .....	28
REQUIRED INSTRUMENTS .....	29
NOTES .....	30

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Welcome to WREB, a National Dental and Dental Hygiene Testing Agency. The purpose of the dental hygiene examination is to evaluate your ability to utilize professional judgment and clinical competency in providing oral health care to a patient. This guide is designed to provide you with the WREB procedures for taking the dental hygiene examination. You may bring this guide to the examination as well as the WREB Policy Guide.

Reading and understanding the content of the Candidate and Policy Guides are crucial to your performance at the examination. Candidate Orientation is designed to **review** the examination process and procedures but does not replace studying this guide. No outside visitors are allowed to attend Candidate Orientation.

## GENERAL INFORMATION

### ***EQUIPMENT AND MATERIALS***

You must furnish all instruments, equipment (sonic or ultrasonic device), materials, and are encouraged to provide your own handpiece.

If you choose to use a sonic or ultrasonic device, it must be adaptable to the hookups at the school. Information regarding rental policies and hookups is in the school information packet included with this guide.

Only the following instruments will be accepted:

1. #4 or #5 front surface mouth mirror (double-sided is acceptable),
2. #11/12 ODU double-end explorer,
3. University of North Carolina periodontal probe with 1-12mm increments (example: PCP UNC12).

The examiners are calibrated using these required instruments. Examiners will not use incorrect or defective instruments for Check-In or Check-Out procedures. Bring extra instruments in case your original instruments become contaminated, or you submit a different patient.

Candidates provide the following:

1. Blood pressure measuring device,
2. Candidate and patient protective eyewear (personal eyewear is acceptable for patient),
3. Patient napkin holder (chain or clips),
4. If applicable, local anesthetic and appropriate armamentarium.

Please bring a ball point pen and red pencil to the exam.

The school is requested to provide the following expendable materials: surface disinfectant, paper towels, soap, face masks, gloves, patient napkins, facial tissue, tray covers, headrest covers, air/water syringe tips, standard saliva ejectors, drinking cups, instrument trays, autoclave bags, autoclave tape, trash bags, topical anesthetic, 2 x 2 gauze squares, antimicrobial rinse, prophylaxis paste, and plastic wrap. The school is responsible for any deviation from this list.

Materials provided are the brands used by the school. If you wish to use a specific brand, you must provide your own.

School personnel are available throughout the examination to resolve malfunctions of operatories and school equipment.

If you have an equipment break-down, you must notify the Chief Examiner immediately. In rare instances, the Chief Examiner may assign a time compensation if the problem is not resolved within five minutes. Time is not compensated for delays of less than five minutes. Time begins when the Chief is notified. An appeal may not be based on loss of clinic time if you do not report the incident to the Chief Examiner. You should become familiar with the school equipment during the clinic tour.

Neither WREB nor school personnel will be responsible for time lost due to the malfunction of any personal equipment.

WREB recognizes the evolution of innovative technology for assessment and diagnosis purposes, but for this examination, advanced technology will not be allowed; e.g., DetecTar probe.

## **FORMS**

Enclosed with this Candidate Guide are the following forms (additional copies of these forms may be made [using the same color paper as the original] for patient screening and back-up patients). Complete these forms prior to the examination.

1. **Medical History/Patient Consent** form. The information on the Medical History form should reflect current conditions on the day of the exam. The Patient Consent form must be completed by the patient.
2. **Patient Continuing Care** form. This is an NCR form to be completed by you and initialed by the Chief Examiner before patient treatment. At the end of the examination, the top white sheet is given to the patient and the bottom yellow sheet is placed in your candidate packet.
3. **Patient Submission** sheet. This sheet must be completed once you have selected your patient and identified your treatment selection. Any alternate submission is recorded on the back of this sheet.
4. **Candidate Limitation of Liability Agreement** form. This form must be completed and signed prior to receiving your candidate packet. Bring this form to Candidate Orientation.

Your candidate packet includes the following:

- ID badge
- Patient Information/Questionnaire
- Candidate Critique
- A sheet protector to insert the **Extra/Intraoral/Candidate Assignment** form
- **Medication/Anesthesia Dosage** form

**Note:** The **Medical History/Patient Consent**, **Candidate Limitation of Liability Agreement**, and **Medication/Anesthesia Dosage** forms must be completed in ballpoint pen. All other forms may be completed in pen or pencil.

On the day of the examination, you must complete Part I of the **Medication/Anesthesia Dosage** form listing medications your patient has taken that day. After completion of treatment, complete Part II of this form (note the total amount of anesthetic administered or “no anesthetic administered to patient”). This form is submitted with the patient at check-out.

## **ADMINISTRATION OF ANESTHESIA**

The **Chief Examiner must** verify all the required documentation and give approval **before** local anesthesia may be administered to your patient. Once approval is given, the local anesthesia certification must be posted at your operatory.

1. Dentipatch, Oraqix and other topical anesthetics may be used during the examination. Please follow manufacturers' instructions on dosage. Administration of nitrous oxide is prohibited.
2. Examiners, WREB staff, or other candidates may not administer local anesthesia to your patient. Educators are allowed to administer local anesthesia at the school where they teach and must follow the same protocol as listed below for a qualified practitioner.

To be qualified to administer local anesthesia, you must meet one of the following criteria for candidate qualification.

### **CANDIDATE QUALIFICATION**

1. If you passed both the WREB Written **and** Clinical Local Anesthesia examination previous to the week of your clinical dental hygiene examination, acceptable documentation is one of the following:
  - WREB Success Card (white card mailed to you by WREB), or a copy of the Success Card
  - Official WREB Success Memo (memo posted online to your secure login by WREB)
2. If you passed both the WREB Written **and** Clinical Anesthesia examination during the week of your clinical dental hygiene examination, acceptable documentation is the **Clinical Success Memo** (the purple copy received from the local anesthesia examiners at the examination).
3. Proof of a license/certification to administer local anesthesia in the state in which the exam is held, acceptable documentation is one of the following:
  - The original license/certification, or
  - A copy of the license/certification
4. An **official** letter of permission (state seal affixed) from the state board or licensing agency of the state in which the exam is held.

You or a qualified practitioner (not affiliated with the examination) may anesthetize your patient prior to Check-In; however, it is suggested that you wait until your patient is accepted. **It is your responsibility to make these arrangements prior to the exam day.**

### **PRACTITIONER QUALIFICATIONS/PROTOCOL**

1. The practitioner must be a dentist or a dental hygienist licensed to administer local anesthesia in the state in which the examination is conducted. At Texas examination sites, only licensed dentists may administer local anesthesia.
2. **All** licensed practitioners administering local anesthesia at the examination must carry current malpractice insurance.
3. The following must be provided to the Chief Examiner for verification **before** anesthetic is administered:
  - Valid photo ID
  - Copy of license (becomes the property of WREB)
  - Copy of professional liability insurance (becomes the property of WREB)
4. The practitioner is required to complete a **Disclaimer/Administration of Anesthesia** form, provided at the exam, acknowledging acceptance of responsibility for local anesthesia-related emergencies.
5. The practitioner is required to complete **Part II** of the **Medication/Anesthesia Dosage** form (amount of anesthetic administered).

6. The practitioner is allowed in the examination clinic area only to administer the local anesthesia. However, it is strongly recommended that the practitioner remain on the premises during treatment of your patient.
7. Practitioners must follow WREB guidelines for clinical attire and the school's infection control policies when administering local anesthesia for a candidate.

## PATIENT CRITERIA

It is your responsibility to select a patient that meets the exam criteria. All procedures are performed on the same patient. WREB staff, state dental boards and licensing agencies of the member states, and the faculty where the examination is held are unable to supply patients. If a patient is accepted by the examiners, ***an appeal cannot be based on patient difficulty.***

Incomplete procedures cannot be evaluated. Therefore, an additional consideration in patient selection is the cooperative attitude of the patient. A patient should not be selected who is apprehensive, hypersensitive or is unable to remain until the examination is completed. If your patient refuses or is unable to be examined by three examiners at check-out, you will fail the examination.

### **PERSONAL CRITERIA**

In order to be accepted for treatment, your patient must meet all of the following criteria:

1. At least 18 years old
2. **NOT** be a dentist, a dental hygienist, a dental or dental hygiene student
3. Obtain written clearance from a health care provider if patient is pregnant
4. Obtain written clearance and/or antibiotic prophylaxis from a health care provider or dentist in the case of joint prosthesis, artificial heart valves, history of infective endocarditis, serious congenital heart conditions, cardiac transplant. The medical clearance must indicate the specific medical concern. Patients with a need for antibiotic prophylaxis **cannot** be shared with any other candidates at the examination.

Patients with diabetes controlled by insulin injection(s) or an insulin infusion device may **not** be shared on the same clinical day.

5. Have a blood pressure reading of 160/100 or below. A patient with a blood pressure reading between 160/100 and 180/110 is accepted only with the written consent of the patient's physician. WREB does not allow treatment of any patient with blood pressure greater than 180/110. Preoperative blood pressure and pulse are taken on each patient not more than one hour before treatment procedures and recorded on the Medical History/Patient Consent form prior to beginning any procedure.
6. **NOT** have had a heart attack, stroke, or cardiac surgery within the past six months
7. **NOT** have active tuberculosis. Clinical symptoms would include: a bad cough that has lasted longer than two weeks, pain in the chest, coughing up blood or sputum. A patient who has tested positive for TB, or is being treated for TB but does not have the clinical symptoms, is acceptable.
8. **NOT** have orofacial herpes at the prodromal, vesicle, or ulcerated vesicle stages
9. **NOT** have a known latex allergy or a sensitivity to latex
10. **NOT** have been treated with intravenous bisphosphonates for bone cancer or severe osteoporosis.
11. **NOT** have any condition or medication/drug history that might be adversely aggravated by the length or nature of the examination procedures

If your first patient is rejected for **active orofacial herpes or high blood pressure** no penalty is incurred. However, subsequent patient submissions are subject to all patient criteria for acceptance as outlined on pages 4-7. If you are unable to submit a backup patient, you will be registered as a **“no show candidate,”** and forfeit the examination attempt without a refund.

## CRITERIA FOR ORAL CONDITIONS

### QUALIFYING CALCULUS

The candidate has the option of submitting one quadrant, and up to four additional teeth if necessary, to fulfill the submission criteria for twelve (12) qualifying surfaces of subgingival calculus. Three (3) of the twelve qualifying surfaces of calculus must be located on the molars and no more than four (4) of the twelve qualifying surfaces may be located on the mandibular anterior teeth.

Each tooth has four surfaces: Mesial, Distal, Facial, and Lingual.

A qualifying surface of calculus is a tooth surface which has heavy, subgingival calculus.

*Definition of heavy, subgingival calculus:*

- Significant deposit, readily discernable or detectable
- “Binds” explorer
- Interproximal deposit that can be detected from the lingual and/or facial
- Ledge, or partial ledge encircling the tooth.

The twelve qualifying surfaces **must not** have:

- Probing depths greater than 6 mm (1 mm leeway applies) at Check-In
- Class III furcations, Class III mobility
- Orthodontic bands (bonded lingual arch wires are acceptable)
- Overhanging margins, temporary or faulty restorations that extend subgingivally
- Gross caries (extends subgingivally or interferes with calculus removal and/or patient comfort)
- Crowns with rough subgingival margins (smooth and/or supragingival margins are acceptable)

### DENTITION

The submission quadrant must meet the following criteria:

- Have a permanent molar with a proximal contact (explorer does not pass freely between the contact)
- Have a minimum of six natural teeth

**Note:**

- A retained deciduous tooth counts as a natural tooth and is included in the submission. It is charted as positioned in the mouth. However, it does not count as a molar with a proximal contact.
- The surface(s) of an exempt third molar cannot be used for a qualifying calculus surface(s).
- Mandibular anterior teeth in the submission may be from the central incisor to canine or canine to canine.

Any third molar that is partially-erupted or with tissue covering any portion of the occlusal surface **is exempt** from all aspects of the examination.

You may use the calculus chart on page 28 of this guide to record calculus deposits. This form is for your use during the examination and is not a graded form.

## RADIOGRAPHIC CRITERIA

Radiographs must be submitted with each patient and include all teeth in the submission. The radiographs must include horizontal or vertical posterior bitewings with anterior and posterior periapicals. The radiographs do not have to be exposed by you **but** must have been taken within the last twelve (12) months. Conventional, duplicate, or printed digital radiographs are permissible.

The radiographs (periapicals and bitewings) must show each tooth in the quadrant and any additional teeth submitted for treatment. Each posterior tooth must be visible on **both** a bitewing and posterior periapical. The density and contrast of the radiographs must be such that the anatomical structures may be diagnosed.

### DUPLICATE OR PRINTED DIGITAL RADIOGRAPHIC CRITERIA

1. All teeth included in the submission must be printed on no more than two sheets of 8 1/2" x 11" paper without overlap and with best quality specifications.
2. Clearly marked with PATIENT'S FIRST NAME, DATE OF FILM EXPOSURE, CANDIDATE NUMBER (if sharing a patient, both candidate numbers must appear on the label). School information must not appear on the label.
3. Labial mounted (as if the raised dimple is facing up).
4. Marked "R" and "L".

**Note: A patient rejection will result if a patient is submitted with incomplete (missing) or undiagnostic radiographs for the treatment submission.**

### CONVENTIONAL RADIOGRAPHIC CRITERIA

1. All radiographs must be submitted in an x-ray mount that is able to withstand handling. The mount must be clearly marked with the PATIENT'S FIRST NAME, DATE OF FILM EXPOSURE, CANDIDATE NUMBER (if sharing a patient, both candidate numbers must appear on the radiographic label). School information must not appear on the label.
2. Labial mounted (with the raised dimple facing up) right to left, top (maxillary) to bottom (mandibular).

Examiners **will not** check in your patient with radiographs that are not properly identified.

### RADIOGRAPHIC TECHNIQUE EVALUATION

The following **must** be visible for each tooth in the treatment submission:

1. The entire crown, including an open contact. An open contact is the ability to see the DEJ. Open contacts not visible in one film but visible in another film are acceptable. Examiners look in the patient's mouth to determine the inability to open a contact(s) due to malalignment of individual teeth.
2. The alveolar crestal bone.

3. The apex and bone circumscribing the entire root.

Examiners evaluate the radiographs and will assign an x-ray penalty (four point penalty) if the radiographs do not meet the radiographic evaluation criteria.

A supplemental panoramic radiograph is utilized to avoid an **x-ray penalty** of a qualifying third molar **only**.

**Note:** Patient radiographs become the property of WREB at Check-In and are not returned to you. You will need duplicate radiographs for use during your examination.

## EXAMINATION PROCEDURES

### **EXAMINATION SCHEDULE**

Approximately one month prior to the exam you will receive your specific exam schedule. Candidates are scheduled for either a morning or an afternoon exam. You will have one hour from the time you enter the clinic to submit your patient for acceptance or a late penalty will be assigned. After your patient is accepted, you will be assigned up to 2 1/2 hours to complete the exam procedures. If your patient is not accepted, you have two hours after the check-in deadline for subsequent submissions.

You must register with the Chief Examiner for approval of paperwork and patient verification as soon as you are ready to submit your patient. Record your ID number on the **Chief Examiner Register Sheet**. The location of the register sheet will be announced during orientation. ***If you wait until the last five minutes to register, you may incur late penalties, as the Chief Examiner may not be able to complete the verification process in that short span of time.***

### **CLINICAL EXAMINATION**

Candidates are evaluated on the following:

1. Patient selection
2. Interpretation of the patient's health status:
  - Medical history
  - Oral health history
  - Vital signs
3. Calculus detection
4. Assessment and recording of periodontal pocket measurements
5. Assessment and recording of gingival recession
6. Assessment of extra/intraoral conditions
7. Calculus removal and tissue management
8. Professional judgment

## **PATIENT QUALIFICATION**

It is your responsibility to accurately determine and effectively interpret patient qualification criteria. Therefore, other professionals **should not** determine your patient's acceptability for the examination.

Make every effort to ensure that your first patient qualifies under the published guidelines to avoid the possibility of loss of points and clinic time.

**WREB cautions against** prescaling any surfaces of the teeth as it may reduce the number of qualifying surfaces in the submission and may result in a patient rejection. Prescaling of other quadrants may impede the process of submitting additional teeth or other quadrants in the case of a patient rejection.

## **PATIENT SUBMISSION INFORMATION**

You have the **option** of submitting one submission or one submission and an alternate selection. An alternate selection is designed to save time for candidates whose first submission is unacceptable. When choosing to submit a first and an alternate submission on the same patient, complete the front **and** back of the **Patient Submission Sheet**.

An example of a completed Patient Submission Sheet, and an Alternate Submission Sheet, is provided on page 22. Radiographs for the alternate submission must be submitted at the initial Check-In.

Complete the **Patient Submission Sheet** with the patient's first name, your ID number, the date of the examination, and the submission number (e.g., 1st or 2nd submission, etc.).

Once your patient is accepted, the Patient Submission Sheet remains in your candidate exam folder and is not returned to you.

## **PATIENT SUBMISSION SHEET**

Indicate the selected treatment quadrant by circling the quadrant letters on the diagram. If one to four additional teeth are selected for treatment, write the numbers on the lines provided. For the purposes of grading, examiners select 12 surfaces of heavy subgingival calculus from the quadrant/additional teeth submitted. A patient is rejected if submitted with less than 12 surfaces of heavy subgingival calculus.

## **SHARING A PATIENT and/or RADIOGRAPHS**

You may share a patient on the same clinical day or on different days, but not if you are in the same group (e.g., both AA's or AA and AB). Candidates who are sharing a patient with diabetes controlled by insulin injection(s) or an insulin infusion device may **NOT** treat the patient on the same clinical day. Patients with a need for antibiotic prophylaxis may **NOT** be shared.

Candidates at one examination site may share a patient and use the same set of radiographs for patient qualification. Be sure to record both candidate ID numbers on the radiographs. The Sharing Radiographs Form will be distributed during the candidate orientation. Both candidates must complete a Sharing Radiographs Form for the transfer of radiographs to the appropriate patient folder. WREB does not transfer patient radiographs to other examination sites.

If you are sharing a patient on the same day, candidates in the afternoon session will be responsible for asking the Chief Examiner for the anesthetic dosage information administered in the morning session.

You are responsible for any inconvenience that may occur due to the sharing of patients on the same exam day.

## **PATIENT ACCEPTANCE**

At the time of patient acceptance, you are assigned two (2) hours and thirty (30) minutes to complete the exam procedures (if no time penalties were incurred).

Your patient will return with a **Candidate Assignment/Extra/Intraoral** form with your start and stop time assignment, and quadrant assignment (including additional teeth, if applicable). An example form is provided on pages 23-24.

If you incur late penalties, or have up to three submissions, **you may not have the entire two (2) hours and thirty (30) minutes for the clinical procedures**. Patients are not allowed to remain in the clinic area beyond the time specified on your candidate schedule.

## **TREATMENT OPTIONS**

If your patient does not meet one of the **Personal Criteria** you have the following option:

- Submitting another patient that complies with the criteria. A Patient Consent/Medical History, Patient Submission Sheet, Medication/Anesthesia Dosage Form and Patient Continuing Care Form must be completed on each patient.

If your patient does not meet the **Oral Conditions Criteria** you have the following options:

- Resubmitting the same quadrant with up to four (4) additional teeth
- Resubmitting the same patient with a different treatment quadrant
- Resubmitting the same patient with a different treatment quadrant and up to four (4) additional teeth
- Submitting a new patient.

If your patient does not meet the **Radiographic Criteria** you have the following options:

- Resubmitting the same patient with radiographs that meet the criteria
- Submitting another patient.

You may submit patients up to two hours after the initial Check-In Deadline time (for a total of three submissions), but must complete the clinical procedures and be out of the clinic at your scheduled final cut off time. Failure to submit an acceptable patient by the deadline results in failure of the exam.

## **CALCULUS REMOVAL**

Remove **all subgingival and supragingival calculus** from the quadrant/teeth accepted for patient qualification. Twelve surfaces selected by the examiners at Check-In are independently evaluated by three examiners at check-out. Evaluation is based on the thoroughness of calculus removal and soft tissue management.

Polishing is not a graded procedure. Take into consideration the needs of the patient and the necessity of the procedure when making the decision whether to polish.

Although WREB recognizes the value of disclosing solution as a teaching aid, it is not to be used during this examination.

**Note:** Soft Scale or other calculus softening agents are not permitted.

## **PERIODONTAL ASSESSMENT**

Record the periodontal probing and facial and lingual recession measurements for the assigned quadrant. Record these measurements after calculus removal.

Examiners pre-determine eighteen probing and recession areas for grading in the assigned quadrant. The eighteen pre-determined areas are independently evaluated by three examiners.

### **Probing Depths**

Measure and record the six sulcus depths for each tooth in the assigned quadrant (not required for any additional assigned teeth).

Because a number of factors can influence probe measurements, you are allowed a 1 mm leeway. This variance means that if you record 5 mm and the examiner measures 4 mm for sulcus depth, there is no error. There is an error if you record 6 mm for this area.

### **Gingival Recession**

Recession depths are recorded by tooth number in the smaller boxes on the facial and lingual aspect of the probing diagram. You may not refer to any prepared notes.

1. Measure and record gingival recession that is apical to the cementoenamel junction (CEJ) of the *facial and lingual aspect* from line angle to line angle of each tooth in the quadrant. The greatest amount of recession should be recorded; a 1mm leeway is given on this measurement.

If the CEJ is no longer available for use as a reference due to abfraction, erosion, restoration, etc., record what you use as a reference in the "Comments to Examiners" section at the bottom of the form; e.g., "the apical portion of the abfraction is used as a landmark".

2. You **must record a "0"** if recession is not present. Examiners record an **error** if a recession box is left blank. **Do not record recession as 1 mm if recession is not present.** This is marked as an error.

## **EXTRA/INTRAORAL ASSESSMENT**

You may not refer to any prepared notes for the Extra/Intraoral assessment. All categories must have a response. You must either 1) Mark the no significant findings (NSF) box **or** 2) Write a brief description of findings needing referral or 2-3 week follow-up evaluation with a history (timeline/duration or causal patient habits [e.g., tobacco, alcohol, sun, etc.]) and/or justification (reason for the documentation or causal patient habits or what follow up is recommended). Do not check NSF *and* record a description, as that will be counted as an error.

The following should be considered when describing a significant finding: size, shape, color, surface texture, consistency, location, symptoms, and history or justification. Each category provides examples of possible significant findings. **Do not record or describe the following:** tori, fordyce granules, linea alba, and coated tongue. Piercings and cosmetic tattoos do not need notation unless infection/inflammation is present. The Extra/Intraoral Criteria chart will be used to evaluate your write-up. Examples of written descriptions are included on page 25.

1. Head & neck  
Lesions, nodules, asymmetry.
2. Lymph nodes  
Fixed and/or indurated, enlarged with tenderness.

3. TMJ

Pain, audible and/or palpable symptoms with discomfort.

4. Floor of mouth

Lesions, ulcers, discolorations, indurations, enlargements.

5. Oral mucosa/alveolar ridge & lips

Lesions, ulcers, discolorations, nodules, enlargements.

6. Palate & oral pharynx

Lesions, ulcers, discolorations.

7. Tongue

Lesions, ulcers, discolorations, nodules, indurations.

8. Occlusion

Using Angle's Classifications (Wilkins, 2009), record findings in the spaces provided on the form.

A. Molar relationship. Use "Tendency to" if off less than the width of a premolar. If the first molar is missing, use canine relationship.

B. A yes or no response for crossbite and/or openbite (anterior and/or posterior).

9. Severity of Periodontal Disease

Determine the severity of periodontal disease for the assigned quadrant using the criteria listed on page 26. This is not an assessment of gingival inflammation. There is an example on page 26.

For the purposes of this exam, the examiners will use your recorded facial and lingual recession measurements (1 mm or greater) to determine clinical attachment loss (CAL). CAL can be defined as the measurement from the CEJ to the existing attachment at the base of the sulcus/pocket.

For determination of interproximal involvement, examiners will use radiographic evidence **not** interproximal probing depths.

Determine the most severe condition of the teeth in the assigned quadrant only and check the appropriate box.

## **PATIENT REFERRAL**

Complete a **Patient Continuing Care** form to provide your patient with the necessary information for completion of care. This form is for patient information only and should not be sent to the examiner area. The form must be initialed by the patient and the Chief Examiner prior to patient treatment.

You are required to provide your patient with the name, address and telephone number of a **licensed** dentist and dental hygienist in the state where the patient lives. You must confirm in advance the practitioner's availability to provide any necessary post operative care or dental hygiene services. If listing a school site as a referral, include the school name, department, and telephone number that your patient can call for completion of care.

# PERFORMANCE EVALUATION

One hundred (100) points are possible on the clinical examination. A score of seventy-five (75) points is required to pass the examination.

## GRADING INFORMATION OVERVIEW

<b>SECTION</b>	<b>POSSIBLE POINTS</b>
PROBE DEPTHS/RECESSION	15
EXTRA/INTRAORAL EXAM	10
CALCULUS REMOVAL TISSUE TRAUMA	75

<b>POSSIBLE POINT DEDUCTIONS</b>	<b>MAXIMUM DEDUCTION OF 8 POINTS TOTAL</b>
X-RAY PENALTY	-4
1ST PATIENT UNACCEPTABLE	-4
2ND PATIENT UNACCEPTABLE	-3
NO ACCEPTABLE PATIENT SUBMITTED	FAILURE OF THE EXAMINATION

There is a four (4) point deduction for an x-ray penalty. There is a four (4) point deduction if your first patient submission is rejected, and an additional three (3) point deduction if your alternate submission on your first patient or your second patient submitted is rejected. You are allowed a maximum of three [3] patient submissions. Subsequent submissions may be the same patient with additional teeth or a different quadrant or a new patient. Be aware that late patient submission/approval will reduce clinic time available for patient treatment. If no patient is submitted who meets the examination requirements, you fail the examination. **Point deductions for x-ray penalty and patient rejections combined do not exceed eight (8) points.**

## PERIODONTAL ASSESSMENT

Two and ½ (2.5) points are deducted for each probing error up to a maximum of fifteen (15) points. Two and ½ (2.5) points are deducted for one (1) or more gingival recession errors.

## EXTRA/INTRAORAL ASSESSMENT

There are nine categories for this examination section. One point is assigned to categories 1-8, and two points for category 9. The examiners grade the first seven (7) categories using a zero to five (0-5) rating scale. You receive the percentage based on the middle score of the three (3) scores for each category assigned by the examiners. Using the middle (or median) score corrects for a score assigned by one examiner that varies from the consensus of the other examiners. Extra/Intraoral Criteria chart for the 0-5 rating scale is included on page 25. Categories eight (8), and nine (9) are graded as right or wrong validated errors (see **Point Deductions** on next page).

<b>CATEGORIES</b>	<b>RATING SCALE</b>	<b>PERCENTAGE OF POINTS RECEIVED</b>
1. Head & neck	5	100.00% OF 1 POINT
2. Lymph nodes	4	88.00% OF 1 POINT
3. TMJ	3	75.00% OF 1 POINT
4. Floor of mouth	2	55.00% OF 1 POINT
5. Oral mucosa/alveolar ridge & lips	1	35.00% OF 1 POINT
6. Palate & oral pharynx	0	0.00% OF 1 POINT
7. Tongue		
8. Occlusion		
9. Severity of periodontal disease		

### ***CALCULUS REMOVAL***

Six (6) points are deducted for each calculus error.

<b><i>CALCULUS ERRORS</i></b>
<ul style="list-style-type: none"> <li>• Subgingival and/or supragingival</li> <li>• Discernable</li> <li>• Burnished</li> <li>• “Clickable”</li> </ul>

### ***TISSUE TRAUMA***

Six (6) points are deducted for each tissue trauma error.

<b><i>TISSUE TRAUMA ERRORS</i></b>
Any undue iatrogenic damage to Extra/Intraoral tissues. <ul style="list-style-type: none"> <li>• Lacerations</li> <li>• Burns (ultrasonic)</li> <li>• Amputated papilla</li> </ul>

### ***POINT DEDUCTIONS***

Three (3) examiners independently evaluate each patient. Assigned points are deducted from your score if an error is validated by two examiners. A validated error is an error that is recorded independently by two or more examiners.

A maximum deduction of seventy-five (75) points is deducted for calculus and tissue trauma errors.

### ***REMIEDIATION***

Five (5) or more tissue trauma errors will require that a candidate receive forty (40) hours of remediation prior to applying to retake the examination.

## **LATE PENALTIES**

### **CHECK-IN**

Three (3) minutes are deducted from your clinic time for each minute your patient is late for Check-In procedures. The assigned late penalties are deducted from your clinic time once your patient is accepted.

### **CHECK-OUT**

One (1) point is deducted from the clinical examination score for each minute your patient is late for check-out procedures.

***Failure to submit an acceptable patient by the deadline results in failure of the exam.***

## **SUMMARY OF THE EXAMINATION PROCESS**

### **PRIOR TO CHECK-IN**

There is one official time clock in the clinic area. You are advised to set your watch according to this clock. The designated official clock is identified at Candidate Orientation.

#### **Prepare the following:**

1. **Medical History/Patient Consent Form:** Completed and both sides signed by your patient, including the patient's current pulse and blood pressure reading.
2. **Medication/Anesthesia Dosage Form:** Part I completed.
3. **Patient Submission Sheet:** One or both sides completed.
4. **Radiographs:** Properly mounted and labeled with candidate ID # (s), date of film exposure, and the patient's first name. Must meet criteria for treatment quadrant, any additional teeth and alternate submission.
5. **Patient Continuing Care Form:** Completed and signed by patient.
6. **Anesthesia credentials displayed:** Success Card, Official WREB Success Memo, or purple success memo. Valid photo ID is required.

**Tray:** Sterile instruments placed in a new, open autoclave bag

- #4 or #5 front surface mirror, without scratches
- Sharp, double-end explorer #11/12 ODU
- PCP-UNC12 probe with 1-12 mm increments.

As well as the following items:

- Several sterile 2x2 gauze squares
- Patient protective eyewear

**Candidate in appropriate attire wearing ID badge**

**Patient Seated with Candidate ID number label on napkin**

**Record your ID number on the Chief Examiner Register Sheet**

## CHECK-IN

Once permission is obtained from the Chief Examiner, send your patient to the examining area with the following:

- Medical History/Patient Consent Form
- Patient Submission Sheet
- Instrument Tray
- Radiographs
- Napkin placed on the patient, labeled with your ID number.

***Patients are not examined until all required materials are present and complete.***

## ACCEPTABLE PATIENT

Examiners qualify patients for examination purposes. Acceptable patients return with instruments and the ***Extra/Intraoral/Candidate Assignment*** form.

## UNACCEPTABLE PATIENT

The Chief Examiner will escort your patient to you with an ***Instructions to Candidate*** (ITC) form indicating the reason(s) the patient does not qualify for the examination.

## CANDIDATE CLINICAL PROCEDURES

1. Remove all ***subgingival and supragingival calculus*** in the ***assigned quadrant/additional teeth***.
2. Perform an Extra/Intraoral examination according to the directions given on pages 11-12.
3. Measure and record the findings for all areas (MF, F, DF, ML, L, DL) of all teeth in the assigned quadrant.
4. Record any ***gingival recession*** apical to the cementoenamel junction (CEJ), of the ***facial and lingual aspect*** from line angle to line angle of all teeth in the assigned quadrant.
5. Use the "Comments to Examiners" space on the ***Candidate Assignment*** form to report any unusual circumstances, such as a hematoma, or a reference used for evaluating recession (if CEJ is not visible).

## CHECK-OUT

You are responsible for submitting your patient for the check-out procedures on time and with the required instruments and forms. The Chief Examiner does not issue time warnings or monitor clinic stop times. The Chief Examiner does not verify or initial forms for the check-out process. You must monitor your own clinic time and submit your patient at or before the assigned stop time indicated on the ***Candidate Assignment*** form.

Send your patient to the examining area with the following::

- ***Extra/Intraoral/Candidate Assignment*** form completed with the periodontal probing, the facial and lingual recession measurements charted for the assigned quadrant. This form must be inserted into a sheet protector
- ***Medication/Anesthesia Dosage*** form (***Parts I & II*** completed)
- Clean patient napkin placed on the patient, labeled with your ID number
- Instrument tray

Three examiners will independently evaluate your Extra/Intraoral findings, periodontal assessment, calculus removal, and tissue management. Consider patient comfort and reanesthetize your patient (if needed) before Check-Out. Your patient may be in the examining area for one (1) or more hours and the temperature may be cool, so inform your patient to dress accordingly.

### **END OF EXAMINATION**

Clean and disinfect the operatory after your patient is submitted for check-out.

Before leaving the examination site, you are responsible for the following:

1. Giving the patient the completed top white copy of the **Patient Continuing Care** form and any home care aids.
2. Completing the **Candidate Critique** and placing it in the appropriate collection basket. Placing your patient's **Patient Information/Questionnaire** in the proper collection basket.
3. Giving the examination packet to the Chief Examiner or floor assistant (unless another exam is being taken at this site).

The examination packet **must** contain the following:

1. Candidate ID badge (disinfect and wipe before placing in the packet).
2. Bottom yellow copy of the completed **Patient Continuing Care** form.
3. Any ITC forms, if applicable.

**Examination results will be withheld if items are not returned.**

# REFERENCES

Armitage, G. C. (1999, December). Development of a Classification System for Periodontal Diseases and Conditions. *Annals of Periodontology*, 4, 1-6.

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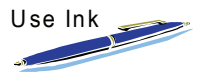
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Wilson, W., Taubert, K. A, Gewitz, M., Lockhart, P. B., Baddour, L. M., Levison, M., et al. (2008). Prevention of infective endocarditis: Guidelines from the American Heart Association. *Journal of the American Dental Association*, 139, 3S-24S. from [http://jada.ada.org/cgi/reprint/139/suppl\\_1/3S](http://jada.ada.org/cgi/reprint/139/suppl_1/3S)

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# DENTAL HYGIENE PATIENT MEDICAL HISTORY



CANDIDATE # \_\_\_\_\_

PATIENT'S FIRST NAME \_\_\_\_\_

DATE \_\_\_\_\_

**INSTRUCTIONS TO THE PATIENT:** Have you had or have you ever experienced any of the following conditions? Circle "YES" or "NO" to ALL questions.

<b>A</b>	Heart Condition	<b>YES</b>	<b>NO</b>	<b>H</b>	Diabetes	<b>YES</b>	<b>NO</b>
<b>B</b>	Heart Surgery	<b>YES</b>	<b>NO</b>	<b>I</b>	Tuberculosis	<b>YES</b>	<b>NO</b>
<b>C</b>	Valve Replacement	<b>YES</b>	<b>NO</b>	<b>J</b>	Kidney/Renal Disease	<b>YES</b>	<b>NO</b>
<b>D</b>	Stroke	<b>YES</b>	<b>NO</b>	<b>K</b>	Hepatitis/Jaundice	<b>YES</b>	<b>NO</b>
<b>E</b>	High Blood Pressure	<b>YES</b>	<b>NO</b>	<b>L</b>	HIV Positive	<b>YES</b>	<b>NO</b>
<b>F</b>	Bleeding Disorder	<b>YES</b>	<b>NO</b>	<b>M</b>	Epilepsy/Seizures	<b>YES</b>	<b>NO</b>
<b>G</b>	Asthma/Lung/Respiratory Condition(s)	<b>YES</b>	<b>NO</b>	<b>N</b>	Joint Replacement	<b>YES</b>	<b>NO</b>

Answer the following questions as completely and accurately as possible:

- Are you taking any medication, pills or drugs (prescribed or not)? **YES NO**  
If yes, please list: \_\_\_\_\_
- Do you have a known latex allergy or sensitivity to latex? **YES NO**  
If yes, please list: \_\_\_\_\_
- Are you allergic to any medicines? **YES NO**  
If yes, please list: \_\_\_\_\_
- Are you receiving or have you ever received intravenous bisphosphonates for bone cancer or severe osteoporosis? **YES NO**  
If yes, please list: \_\_\_\_\_
- Are you under the care of a physician at the present time or have you been treated by a physician in the past six months? **YES NO**  
If yes, for what condition: \_\_\_\_\_
- Do you have any disease or condition not listed above that we should know about? **YES NO**  
If yes, please list: \_\_\_\_\_
- Women only: Are you pregnant? **YES NO**  
If yes, expected due date: \_\_\_\_\_

## INSTRUCTIONS TO CANDIDATE

Circle any "YES" answers in red. State in the lines below the significance (if any) and the steps taken for any alteration of procedure for this examination. Indicate the need and use for antibiotic prophylaxis, if necessary. Attach any verification of the patient's medical acceptability.

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\_\_\_\_\_  
PATIENT BLOOD PRESSURE

\_\_\_\_\_  
PATIENT PULSE

\_\_\_\_\_  
CHIEF EXAMINER INITIALS

(CONSENT FORM ON REVERSE SIDE)

## PATIENT CONSENT FORM AND ASSUMPTION OF RISK

Western Regional Examining Board, an Arizona non-profit corporation (“WREB”) is a national dental and dental hygiene testing agency required to test candidates’ clinical skills for the states that accept the results of WREB exams. This involves doing certain types of dental procedures for volunteer patients. You have agreed to volunteer as a patient for a candidate (the “Candidate”) that is taking a WREB exam.

The WREB examinations are typically administered at various dental or dental hygiene schools and universities (“School” or “Schools”) around the country. Other than administering an examination at a School, WREB has no relationship or affiliation with any of the Schools.

The Candidate has met the educational requirements necessary to take the exam, but WREB has no knowledge regarding the Candidate’s skill or competence. The Candidate who is treating you may not be licensed in any of the member states of WREB. The Candidate is performing the procedure(s) listed below for you as a part of the exam to determine if he/she is qualified to be licensed as a dentist or dental hygienist in a WREB state.

WREB does not assume any responsibility for the treatment you receive from the Candidate. If an injury or exposure to infectious agents occurs during the exam, neither WREB nor the School assumes any responsibility to provide follow up care. WREB assumes no responsibility to notify you of any poor, substandard, or negligent work rendered by the Candidate. If you have any concerns regarding the quality of care administered by the Candidate, then you should see a licensed dentist or dental hygienist.

**You hereby expressly agree to assume the risk for an exposure or injuries of any kind that occur before, during, or after the WREB examination. You agree to indemnify WREB against and hold WREB harmless from any and all losses, claims, demands, damages, assessments, costs and expenses (including reasonable attorneys’ fees) of every kind, nature or description resulting from, arising out of or relating to your health care or condition before, during, or after the examination.**

I hereby state that I have read and understand this Patient Consent Form and Assumption of Risk. I confirm that I am 18 years of age or older and that I am not a dentist, dental hygienist, dental or dental hygiene student. I hereby consent to the procedure(s) listed below. I realize that local anesthetics may have to be administered and I consent to the use of local anesthetics by the Candidate or other qualified practitioner. I consent to having the WREB examiners take intraoral photographs of my teeth and gums for use in future examiner calibrations, provided my name is not associated with the photographs in any way. Additionally, I authorize the use of my radiographs with the same provision of anonymity. I understand that my medical history on the reverse side will be shared with examiners as required to determine eligibility for the exam and for reference in case of medical emergency.

**I authorize Candidate ID # \_\_\_\_\_, to perform an oral assessment and calculus removal upon myself.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian’s Signature  
(if patient is a minor)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# MEDICATION/ANESTHESIA DOSAGE FORM

Use Ink 

PATIENT'S FIRST NAME: \_\_\_\_\_

CANDIDATE ID # \_\_\_\_\_

**PART I: MEDICATIONS**

**C. E. INITIALS** \_\_\_\_\_

No medications.

List medications that the patient has taken today (day of examination):

\_\_\_\_\_

\_\_\_\_\_

**PART II: LOCAL ANESTHESIA**

*No anesthetic planned.*

*Credentials checked.*

DO NOT ADMINISTER ANESTHETIC UNTIL THE CHIEF EXAMINER HAS VERIFIED YOUR ANESTHESIA CERTIFICATION.

List the total amount of anesthetic administered during the examination.

Amount \_\_\_\_\_ Type \_\_\_\_\_

No anesthetic administered to patient.

NOTE: YOU MUST OBTAIN PERMISSION FROM THE CHIEF EXAMINER TO ADMINISTER ADDITIONAL ANESTHETIC IF YOU EXCEED 50% OF THE MAXIMUM SAFE DOSAGE (Refer to table below).

**C. E. initials needed here to approve additional anesthetic** \_\_\_\_\_

### SHARING A PATIENT ON THE SAME CLINIC DAY

In order to track the amount and type of anesthetic given to a patient during a one-day period, the candidate in the afternoon group must complete this section of this form.

This patient was shared with Candidate ID # \_\_\_\_\_. The following is the total dosage of anesthetic administered to this patient during the morning group:

Amount \_\_\_\_\_ Type \_\_\_\_\_

**AMIDES**

**AMIDES: MAXIMUM DOSAGES - MRD - A\*\***

Lidocaine:	Xylocaine, Alphacaine, Octocaine	Lidocaine 2%	2.0	300	8
Mepivacaine:	Carbocaine, Arestocaine, Isocaine, Polocaine	Mepivacaine 3%	2.0	300	5.5
Prilocaine:	Citanest Plain, Citanest Forte	Mepivacaine 2%	2.0	300	8
Bupivacaine:	Marcaine	Prilocaine 4%	2.7	400	5.5
Articaine:	Septocaine	Bupivacaine 0.5%	0.6	90	10
		Articaine 4%	3.2	500	6.9

**MILLIGRAMS PER CARTRIDGE**

concentration	.5%	1.0%	1.5%	2.0%	3.0%	4.0%
mg/cartridge	9mg	18mg	27mg	36mg	54mg	72mg

\*As with all local anesthetics, the dosage varies depending on the area to be anesthetized, tissue vascularity, individual tolerance, and anesthesia technique. The lowest dose needed to provide anesthesia should be administered.

\*\*Stanley F. Malamed. *Handbook of Local Anesthesia*. 5th edition, ©2007.

# PATIENT SUBMISSION SHEET

Sample - Front of Form



CANDIDATE # AA7  
SUBMISSION # 1

PATIENT'S FIRST NAME: Sam DATE: 8/4/10

UR | UL  
LR | LL

CIRCLE THE QUADRANT YOU ARE SUBMITTING.

Comments to Examiners: Bite mark on lower left ADDITIONAL TEETH: ~~~~~

Sample - Back of Form



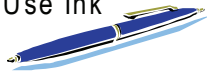
CANDIDATE # AA7  
SUBMISSION # 2

UR | UL  
LR | LL

CIRCLE THE QUADRANT YOU ARE SUBMITTING.

Comments to Examiners: Bite mark on lower left ADDITIONAL TEETH: 28 29 30 -

Alternate Submission



# CANDIDATE ASSIGNMENT FORM

CANDIDATE ID # AA1

**TIME ASSIGNMENT**  
START TIME: 8:00

(Deducted for late check-in: \_\_\_\_\_ minutes.)

STOP TIME: 10:30 (Patient must be at the check-in desk at or before this time.)

CHIEF INITIALS ARE NOT REQUIRED FOR PATIENT TO REPORT FOR CHECK-OUT.

### SUBMISSION ACCEPTED:

The examiner(s) accepted the following submission:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

### QUADRANT ASSIGNMENT:



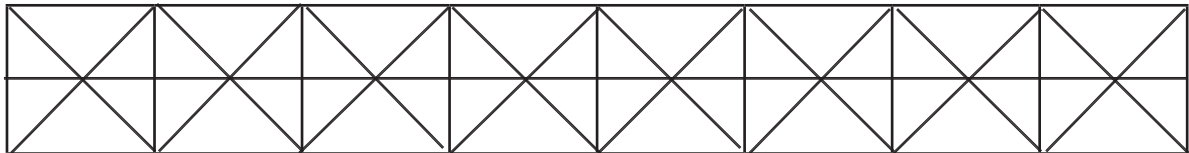
Remove all subgingival and supragingival calculus from the circled quadrant.

ADDITIONAL TEETH: \_\_\_\_\_

Record the six periodontal probing depths and the **facial and lingual recession** for the **assigned** quadrant. Unerupted and partially-erupted third molars are exempted by examiners only.

**F/L** # 1 # 2 # 3 # 4 # 5 # 6 # 7 # 8

Recession:



Recession:

**F/L** # 1 # 2 # 3 # 4 # 5 # 6 # 7 # 8

### 9. DETERMINATION OF THE SEVERITY OF PERIODONTAL DISEASE:

Determine the severity for the assigned quadrant only. Check the appropriate box for the most severe condition.

Gingivitis

Slight  
Periodontitis

Moderate  
Periodontitis

Severe  
Periodontitis

**GENERAL COMMENTS TO EXAMINERS (Informational only; not graded):**



## EXTRA/INTRAORAL EXAMINATION

CANDIDATE ID #

AA1

**Check the NSF box or record significant findings needing referral or two-three week follow-up evaluation with history or justification. DO NOT DO BOTH.**

EXTRA ORAL			
<b>1. HEAD &amp; NECK</b> Lesions, nodules, asymmetry	<input type="checkbox"/> NSF		
<b>2. LYMPH NODES</b> Fixed and/or indurated, enlarged with tenderness	<input type="checkbox"/> NSF		
<b>3. TMJ</b> Pain, audible and/or palpable symptoms with discomfort	<input type="checkbox"/> NSF		
INTRA ORAL			
<b>4. FLOOR OF MOUTH</b> Lesions, ulcers, discolorations, indurations, enlargements	<input type="checkbox"/> NSF		
<b>5. ORAL MUCOSA/ALVEOLAR RIDGE &amp; LIPS</b> Lesions, ulcers, discolorations, nodules, enlargements	<input type="checkbox"/> NSF		
<b>6. PALATE &amp; ORAL PHARYNX</b> Lesions, ulcers, discolorations, nodules, enlargements	<input type="checkbox"/> NSF		
<b>7. TONGUE</b> Lesions, ulcers, discolorations, nodules, indurations	<input type="checkbox"/> NSF		
<b>8. OCCLUSION</b> Four responses required  (Molar relationship; if first molar is missing record canine relationship.)	<b>CLASSIFICATION</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>1. Right:</b>  <b>2. Left:</b> </td> <td style="width: 50%; vertical-align: top;"> <b>3. Open bite: Yes or No</b>  <b>4. Cross bite: Yes or No</b> </td> </tr> </table>	<b>1. Right:</b> <b>2. Left:</b>	<b>3. Open bite: Yes or No</b> <b>4. Cross bite: Yes or No</b>
<b>1. Right:</b> <b>2. Left:</b>	<b>3. Open bite: Yes or No</b> <b>4. Cross bite: Yes or No</b>		

## EXTRA/INTRA ORAL CRITERIA

### CATEGORIES

1) Head & Neck, 2) Lymph Nodes, 3) TMJ, 4) Floor of Mouth, 5) Oral Mucosa/Alveolar Ridge & Lips, 6) Palate & Oral Pharynx, 7) Tongue

5	4	3	2	1	0
Exceptional recognition of significant findings* or Correct recognition of NSF.	Near optimal recognition of significant findings.*	Adequate recognition for significant findings.*	Inadequate recognition of significant findings.*	Incorrect recognition of significant findings.*	Lacks recognition of significant findings* or Records tori, fordyce granules, linea alba, or coated tongue.
Consistent use of technical language & numeric measurements** for all findings.	Does not consistently use technical language and/or numeric measurements.**	Description is incomplete for significant findings. Layman's terms and limited details are recorded.	No details and/or measurements** recorded.	Incorrect details or measurements are recorded.	Checks NSF and records a description  or No Response.
History &/or Justification	History &/or Justification				

\*significant findings-needing referral or two to three-week follow-up evaluation

\*\*measurements where applicable

Categories 8 & 9 may not use "NSF" and are graded as "correct" or "incorrect" responses.

### ***Here is an example of the grading of Lichen Planus:***

5 = Clinical impression: Lichen Planus; covers entire right buccal mucosa; slight ulceration in molar region.  
Pt. aware of condition 3+ years. Currently asymptomatic; has experienced burning mouth.  
[Exceptional recognition.]

4 = Entire right buccal mucosa covered with white striated lines. Diagnosed 3 years ago. Will monitor for changes.  
[Near optimal recognition.]

3 = Lichen Planus; most prominent in posterior region.  
[Adequate recognition.]

2 = Red tissue with white lines.  
[Inadequate recognition; no details.]

1 = Cheek bite on right side.  
[Incorrect recognition.]

0 = NSF  
[Lacks recognition of significant finding.]

## SEVERITY OF PERIODONTAL DISEASE CRITERIA

(CAL) CLINICAL ATTACHMENT LOSS (Facial/Lingual)	RADIOGRAPHIC BONE LOSS (Interproximal)	MOBILITY	FURCATION INVOLVEMENT
Gingivitis	N/A	None	None
<b>Periodontitis</b>			
<i>Slight</i>	1-2 mm	Slight/Crestal	None
<i>Moderate</i>	3-4 mm	Horizontal and/or Vertical up to 1/3	Possible
<i>Severe</i>	≥5 mm	Horizontal and/or Vertical > 1/3	Usually

### EXAMPLE: DETERMINING THE SEVERITY OF PERIODONTAL DISEASE

The following quadrant has been submitted:

**F/L** # 1 # 2 # 3 # 4 # 5 # 6 # 7 # 8

Recession:

	4	4	3	3	3	2	1	1
6	4	4	4	4	4	3	2	2
5	4	4	4	4	3	2	2	2
6	4	3	2	2	2	2	2	1

**F/L**

Recession: # 1 # 2 # 3 # 4 # 5 # 6 # 7 # 8

Interproximal radiographic bone loss = slight/crestal

Mobility = none

Furcations = none

#### Evaluation

Tooth #5 has a facial CAL = 6mm

Probing depth (3 mm) + recession (3 mm) = 6 mm

#### Severity of Periodontal Disease

Although there is only slight/crestal radiographic bone loss, the CAL = 6 mm on tooth # 5 makes the severity of periodontal disease for this quadrant **Severe Periodontitis**.

#### 9. DETERMINATION OF THE SEVERITY OF PERIODONTAL DISEASE:

Complete the severity for the assigned quadrant only. Check the appropriate box for the most severe condition.

**Gingivitis**

**Slight  
Periodontitis**

**Moderate  
Periodontitis**

**Severe  
Periodontitis**





# REQUIRED INSTRUMENTS



## NOTES

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