PERIODONTAL TREATMENT

Periodontal Treatment Section Overview
You are responsible for providing a patient for the Periodontal Treatment Section of the exam and will perform scaling and root planing on one or two (2) quadrants of the mouth.

Only one quadrant is required if the criteria listed below are met. If additional teeth are needed to obtain the required calculus and/or pocket depths, two (2) quadrants may be used.

General Instructions
Periodontal patients may be submitted for approval to treat at any time during the exam. However, periodontal treatment must be completed the same day your patient is approved for treatment.

All teeth in the selected quadrant must be treated. If a second quadrant is used, all teeth in both quadrants must be treated.

The quadrant submitted should not contain teeth with acute (painful) periapical or periodontal conditions. WREB cautions against pre-scaling any surfaces of the teeth as it may reduce the number of qualifying surfaces in the submission and may result in a patient submission rejection.

Patient Criteria
A. Teeth
   There must be a minimum of six (6) teeth in one quadrant, with at least two (2) adjacent posterior teeth in contact, one of which must be a molar.

B. Calculus
   A minimum of eight (8) surfaces of readily demonstrable subgingival calculus must be present in one or two (2) quadrants. Readily demonstrable subgingival calculus is defined as easily explorer detectable, heavy ledges. At least six (6) surfaces of the subgingival calculus must be on posterior teeth. Each tooth has four (4) surfaces: mesial, distal, facial, and lingual for qualifying calculus.

C. Sulcus/Pockets
   At least one sulcus/pocket depth of 5.0 mm or greater must be present on at least two (2) of the teeth.

A single tooth has a maximum of six periodontal pockets.
A partially erupted third molar does not qualify for presence of calculus or pocket depth and will not be graded for treatment. A partially erupted third molar is one that has not fully reached the occlusal plane or has tissue covering part of the occlusal surface. A fully erupted third molar does qualify and will be graded for treatment.

**Patient Acceptance**

Prior to beginning treatment, the quadrant(s) must be approved by the Grading Examiners. Your patient may be submitted for acceptance by either you or your dental assistant, but you are responsible for all required paperwork and instruments being available and complete.

Electronic devices, including cell phones and smart watches, are prohibited in the grading area. Patients with electronic devices will not be graded, but returned to you to leave the device, resulting in lost time.

To facilitate Grading Examiner evaluation and for patient comfort, anesthetize the quadrant(s) you are submitting for approval. Send your patient to the grading area with:

A. **Worksheet:** (sample, pgs. 85-86) Use only blue or black ink (not pencil). Complete the original worksheet (not a copy).
   - Write your patient’s first name only.
   - Write your Candidate ID Number in the upper right corner.
   - Check the quadrant(s) you are submitting.
   - List all teeth for the quadrant(s) you are submitting.
   - Indicate missing teeth with an "X" through the entire column.
   - Indicate the location of subgingival calculus by marking an “X” in the appropriate boxes for all teeth in the quadrant(s).
   - Using a periodontal probe, measure the sulcus/pocket depths. Measurements should be taken at the greatest depth for each area. For each tooth, record the pocket depths of 3.0 mm or greater in the spaces provided.
   - Check the “Acceptance” box.
   - All medications your patient has taken today, including type, concentration, and amount should be listed on the back of the worksheet. Cartridges of local anesthetic, as they are administered for the procedure, also should be listed. If no medications are taken, write “none.”

B. **Radiographs:** Full mouth periapical radiographs including bitewings. Your patient must have full-mouth periapical radiographs including bitewings. Posterior periapical radiographs should include root apices of any third molars when practical. A "Note to Examiners" on the worksheet, at acceptance, indicating patient intolerance in capturing the entire tooth on the radiograph(s) is acceptable. The radiographs must have been taken within the past three (3) years and they must be dated. Original radiographs are preferred; however, duplicated or printed copies will be accepted if they are of diagnostic quality. Panographic films are not acceptable. Radiographs should be paper clipped to the back of the worksheet; please do not staple.
Radiographs must have your Candidate ID Number and your patient’s first name only on the film mount, template or print. Do not use film mounts that identify a school name or location. If incorrect, outdated, or poor-quality radiographs are submitted, the radiographs and worksheet will be returned to you for correction. No points will be deducted.

Digital radiographs are accepted if they meet the criteria specified on page 19. If submitting radiographs by computer, the file name should include your Candidate ID Number, patient first name, and the word “Perio.”

C. **Patient Medical History/Patient Consent Form**: A Patient Medical History (including current blood pressure and pulse) and Patient Consent Form must be completed for each patient. Refer to the sample form on page 31. If you use the same patient for more than one procedure, only one Patient Medical History/Patient Consent Form is necessary. Mark the box on the upper right corner of the form for each procedure being submitted. Note that each procedure must also be listed on the Patient Consent Form on the reverse side. **Make sure your patient signs the Patient Consent Form.**

The Patient Medical History/Patient Consent Form must be reviewed and initialed by a Floor Examiner before administering local anesthetic or sending your patient to the grading area for acceptance. Provide both the Periodontal Worksheet and Patient Medical History/Patient Consent Form, including blood pressure and pulse, for a Floor Examiner to review. When your patient first visits the grading area, the Patient Medical History/Patient Consent Form will be retained at the patient check-in desk; Grading Examiners will not see it.

D. **Patient Tray** with:
   - New/unscratched #4 or #5 metal front surface mirror
   - New/sharp ODU 11/12 explorer
   - New/sharp color coded 3-6-9-12 mm periodontal probe
   - Three 2" x 2" gauze pads

   The instruments must be in an open autoclave bag. The paperwork should be placed on top of the tray.

E. **Patient Bib**: Attach your Candidate ID label to the upper right corner of the patient’s bib (patient’s right side).

F. **Patient Eye Protection**: Prescription glasses or safety glasses must be worn by all patients.

**Patient Accepted** – If your patient is approved, the patient will return with:
   - The worksheet initialed by one Grading Examiner next to “Acceptance”
   - Radiographs
   - Instruments

You may proceed with treatment.
Patient Not Accepted – If your patient is not approved, the patient will return with:

- A pink *Patient Unaccepted for Treatment Form* indicating the reason the patient was not approved
- Instruments
- Radiographs
- *New Patient Medical History/Patient Consent Forms*

**Patient Unaccepted**

If the first periodontal patient submission does not meet the criteria listed on page 77, the patient will not be approved by the Grading Examiners and a score deduction will be applied. There is no additional score deduction if the patient again is rejected with a different or additional quadrant, or for subsequent submission on a different patient.

If a patient is submitted for acceptance with only one quadrant and does not qualify, the same patient may be resubmitted with a different or an additional quadrant. Submission for periodontal treatment of any patient by a Candidate is limited to the first two (2) quadrants the Candidate submits.

The worksheet accompanying a submission that is rejected will be retained in the grading area.

**Treatment**

Periodontal treatment must be completed the same day your patient is approved.

If a patient is approved, but treatment is not completed the same day, you will be allowed to resubmit the same patient and have the submission re-approved, or submit an alternate submission on a different patient. In either situation, there is a deduction from the Periodontal Treatment score.

You are evaluated on the thoroughness of calculus removal and root planing of all teeth in the quadrant(s) selected. Completely remove calculus and smooth root surfaces of all teeth in the quadrant(s).

Sonic or ultrasonic devices are acceptable, but rotary instruments and/or chemicals for calculus removal are prohibited.

**Major Tissue Trauma**

Major tissue trauma is defined as iatrogenic damage to extra-intraoral tissues resulting in significant injury to the patient, such as lacerations, burns, amputated papillae, or large tissue tags.

Grading Examiners compare the preoperative gingival condition to the postoperative gingival condition. Validated major tissue trauma by two (2) or more Grading Examiners results in loss of all points for the treatment procedure.
**Treatment Grade**

When treatment is completed, send the patient to the grading area with:

A. **Worksheet** with:
   - “Treatment Grade” box checked

B. **Radiographs**: Full mouth periapical radiographs including bitewings

C. **Patient Tray** with:
   - New/unscratched #4 or #5 metal front surface mirror
   - New/sharp ODU 11/12 explorer
   - New/sharp color coded 3-6-9-12 mm periodontal probe
   - Three 2" x 2" gauze pads

   The instruments must be in an open autoclave bag. The paperwork should be placed on top of the tray.

D. **Patient Bib**: Your Candidate ID label should be attached to the upper right corner of the patient’s bib (patient’s right side).

E. **Patient Eye Protection**: Prescription glasses or safety glasses must be worn by all patients.

Patients are evaluated by three (3) Grading Examiners and may be in the grading area for more than an hour. Consider patient comfort and re-anesthetize, if necessary, before sending your patient to the grading area.

Your patient will return with the instrument tray, radiographs, and the worksheet with “Treatment Graded” initialed by a Grading Examiner. At least three (3) Grading Examiners must initial all notes in the “Note to Examiners” on the worksheet. If your worksheet does not have the required initials, notify a Floor Examiner before proceeding.

**Releasing Your Patient**

After the “Treatment Grade,” review the worksheet for all necessary initials. If the Grading Examiner initials are missing from the “Acceptance” or “Treatment Grade,” notify a Floor Examiner.

Missing initials not brought to the attention of a Floor Examiner cannot be grounds for an appeal.

Give your patient the yellow copy of the completed *Follow-Up Care Agreement* form for any postoperative care which may be necessary. Have your patient fill out the *Patient Questionnaire*. Ask a Floor Examiner to initial “Patient may be released from the exam” line on the bottom of the worksheet. The Floor Examiner will verify that any follow-up requested by the Grading Examiners has been completed and will then initial the worksheet. **Your patient may then be dismissed. Do not dismiss your patient without Floor Examiner permission.**
References
The complete guidelines for antibiotic coverage in patients having some form of cardiac disease or repair. (2008). *Journal of the American Dental Association* 139(1), Special Supplement: 3S-24S.


AAPD for both anesthetic and antibiotic pediatric dosages.
PERIODONTAL TREATMENT SCORING

A final score of 75.00 or higher is required to pass the Periodontal Treatment Section.

Scoring

Validated calculus remaining is an error which is documented by at least two Grading Examiners and will be scored on the following scale:

<table>
<thead>
<tr>
<th>Calculus Pieces Remaining</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>100.00%</td>
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<tr>
<td>1</td>
<td>87.50%</td>
</tr>
<tr>
<td>2</td>
<td>75.00%</td>
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<tr>
<td>3</td>
<td>62.50%</td>
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<tr>
<td>4</td>
<td>50.00%</td>
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<tr>
<td>5</td>
<td>37.50%</td>
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<tr>
<td>6</td>
<td>25.00%</td>
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<tr>
<td>7</td>
<td>12.50%</td>
</tr>
<tr>
<td>8</td>
<td>0.00%</td>
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Periodontal Treatment Onsite Retakes

Candidates with a failing result in the Periodontal Treatment Section may have the opportunity to retake the section at the same exam site with no additional fees. This will be dependent on each Candidate’s scheduled sections and individual time constraints. Candidates with a validated critical error will not be allowed to retake the Periodontal Treatment Section at the same exam site. If, for any reason, the section is not retaken onsite, Candidates may retake the Periodontal Treatment Section at a different site (retake fees will apply).

SCORE DEDUCTIONS

Patient Rejection (Validated by two or more Grading Examiners.) = 10% deduction from the total possible of 100% only applied to first patient

Resubmission of patient or submission of another patient after receiving approval = 10% deduction. If both a patient rejection and a resubmission occur, only one 10% deduction will be taken
### LATE PENALTIES

<table>
<thead>
<tr>
<th>Time Late</th>
<th>Deduction</th>
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<tr>
<td>1 to 5 minutes late</td>
<td>4% deduction</td>
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<tr>
<td>6 to 10 minutes late</td>
<td>8% deduction</td>
</tr>
<tr>
<td>11 to 15 minutes late</td>
<td>12% deduction</td>
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<tr>
<td>16 or more minutes late</td>
<td>Procedure will not be graded. No points earned.</td>
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### CRITICAL ERRORS

The following critical error results in failure and precludes an onsite retake of the Periodontal Treatment Section for the Candidate:

- Major Tissue Trauma (validated by two or more Grading Examiners)
Periodontal Treatment Worksheet

- 2nd Submission  3rd Submission  Retake

Candidate ID#: ____________

Patient’s First Name: __________________________

Check Quadrant(s) Selected

- Radiographs submitted on computer

- Upper Right
- Upper Left
- Lower Right
- Lower Left

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<thead>
<tr>
<th>TEETH #’S</th>
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<tr>
<td>CALCULUS</td>
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<td>M</td>
<td>L</td>
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<tr>
<td>PROBING DEPTH</td>
<td>DF</td>
<td>F</td>
<td>MF</td>
<td>ML</td>
<td>L</td>
<td>DL</td>
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Acceptance

Note to Examiners (if necessary)

Accepted By:

(Accepting Examiner Initials)

Treatment Grade

Note to Examiners (if necessary)

Treatment Graded:

(Grading Examiner Initials)

Patient may be released from the exam: ____________

Floor Examiner

2020 – Revised
### Medications Taken by Patient Today

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Drug Name and Concentration</th>
<th># of Tabs/Capsules</th>
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### Local Anesthetic Administered for this Procedure

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Type and Concentration of Local Anesthetic and Vasoconstrictor</th>
<th>Cartridges</th>
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### Checklist of Required Items

**Submit Patient for Acceptance:**

- □ Worksheet with Full Mouth Periapical Radiographs including Bitewing
  - Patient's first name
  - Candidate ID Number in the upper right corner
  - If radiographs submitted digitally, mark box on worksheet
  - Selected quadrant(s) indicated/checked
  - Teeth numbers indicated
  - Calculus indicated with "X" if present
  - Probing depths measured
  - Box checked for "Acceptance"
  - Notes to examiners, if needed
  - Medication taken, number of cartridges local anesthetic administered

- □ Completed Patient Medical History/Patient Consent Form
  - Pulse and blood pressure
  - Floor examiner intakes
  - Patient procedure(s)
  - Patient address and signature

- □ Patient tray
  - New #4 or #5 metal front surface mirror
  - New ODU #11/12 perio explorer
  - New color-coded 3-6-9-12 mm periodontal probe
  - Three 2"x2" gauze pads
  - The instruments must be in an open autoclave bag. The paperwork should be placed on top of the tray.

- □ Candidate ID # label on patient bib
- □ Patient eye protection

**Submit Patient for Treatment Grade:**

- □ Worksheet with Full Mouth Periapical Radiographs including Bitewing
  - Box checked for "Treatment Grade"
  - Notes to examiners, if needed
  - Medication taken, number of cartridges local anesthetic administered

- □ Patient tray
  - New #4 or #5 metal front surface mirror
  - New ODU 11/12 perio explorer
  - New color-coded 3-6-9-12 mm periodontal probe
  - Three 2"x2" gauze pads
  - The instruments must be in an open autoclave bag. The paperwork should be placed on top of the tray.

- □ Candidate ID # label on patient bib
- □ Patient eye protection