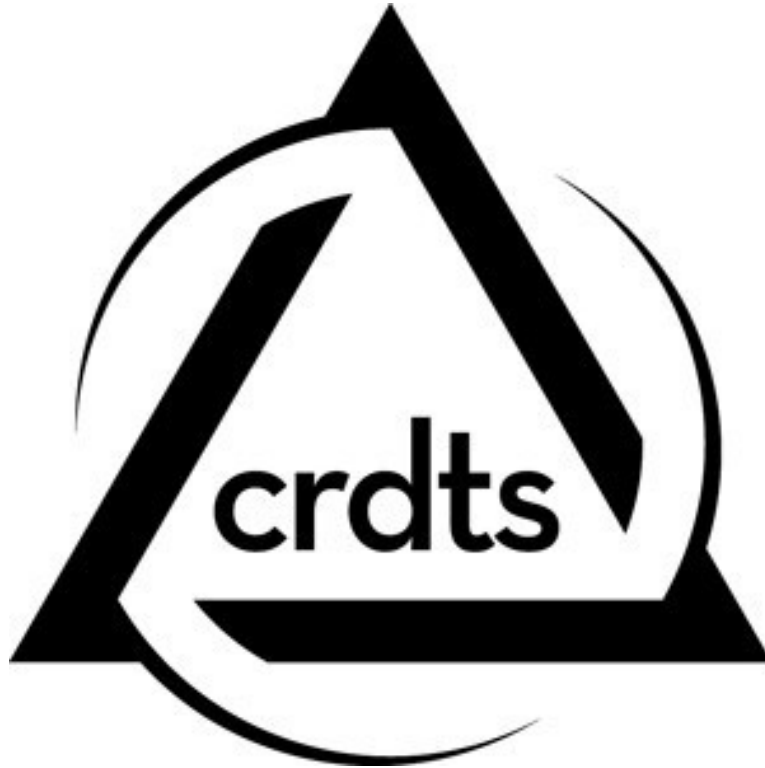


**DENTAL THERAPY EXAMINATION
PRIMARY DENTITION RESTORATIVE
SIMULATED PATIENT CANDIDATE
MANUAL**



A National Dental Examination
As administered by:

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**Please read this candidate manual prior to attending the candidate
orientation and bring it with you to the orientation and the
examination.**

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Primary Dentition Examination

Table of Contents

Content Overview	2
Scoring System	2-4
<i>PRIMARY DENTITION RESTORATIVE EXAMINATION</i>	
General Requirements.....	5
Restorative Examination Procedural and Clinical Management Guidelines	5-7
Criteria Specific to the Primary Dentition Examination	
Primary Molar Stainless Steel Crown Preparation:	
Cervical Margin and Draw	8
Walls, Taper and Finish Line.....	9
Critical Errors	9
Primary Molar Stainless Steel Crown Placement:	
Cervical Margin and Draw	10
Contour, Contact and Occlusion	11
Critical Errors	11
Primary Molar Pulpotomy:	
Access Opening.....	12
Critical Errors	12
Primary Molar Class II Amalgam Restoration:	
Margin Integrity and Surface Finish	13
Contour, Contact and Occlusion	14
Critical Errors	14
Primary Molar Class II Composite Restoration:	
Margin Integrity and Surface Finish	15
Contour, Contact and Occlusion	16
Critical Errors	16
Restorative Treatment Management	17

CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

PRIMARY DENTITION RESTORATIVE SIMULATED PATIENT EXAMINATION – 100 Points

CONTENT	FORMAT
1. Primary Molar Pulpotomy Procedure (#A) 2. Primary Molar Stainless Steel Crown Preparation(# J) 3. Primary Molar Stainless Steel Crown Placement (#L) 4. Primary Molar Class II Restoration (#T)	- Performed on a Manikin - Time: 4 hours 15 minutes

SCORING SYSTEM

The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed using an analytical model.

Only State Boards of Dentistry are legally authorized to determine standards of competence for licensure in their respective jurisdictions. However, in developing the examination, CRDTS has recommended a score of 75 to be a demonstration of sufficient competence; and participating State Boards of Dentistry have agreed to accept that standard. In order to achieve “CRDTS status” and be eligible for licensure in a participating state, candidates must achieve a score of 75 or more on each procedure in each Part of the examination.

Each examination score is based on 100 points. **If all sections of an examination are not taken, a score of “0” will be recorded for that specific examination.**

SCORING SYSTEM FOR RESTORATIVE SIMULATED PATIENT PROCEDURES

CRDTS and other testing agencies have worked together on a national level to draft and refine the performance criteria for each procedure in this examination. For the majority of those criteria, gradations of competence are described across a 4-level rating scale. Those criteria appear in this manual and are the basis of the scoring system. Those four rating levels may be generally described as follows:

SATISFACTORY

The treatment is of good to excellent quality, demonstrating competence in clinical judgment, knowledge and skill. The treatment adheres to accepted mechanical and physiological principles permitting the restoration of the tooth to normal health, form and function.

MINIMALLY ACCEPTABLE

The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill to be acceptable; however, slight deviations from the mechanical and physiological principles of the satisfactory level exist which do not damage the patient nor significantly shorten the expected life of the restoration.

MARGINALLY SUBSTANDARD

The treatment is of poor quality, demonstrating a significant degree of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry, which if left unmodified, will cause damage to the patient or substantially shorten the life of the restoration.

CRITICALLY DEFICIENT

The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry. The treatment plan must be altered and additional care provided, possibly temporization in order to sustain the function of the tooth and the patient’s oral health and well-being.

In the Primary Dentition Examination, a rating is assigned for each criterion in every procedure by three

different examiners evaluating independently. Based on the level at which a criterion is rated by at least two of the three examiners, points may be awarded to the candidate. In any instance that none of the three examiners' ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of *critically deficient* by two or more of the examiners, **no points are awarded for that procedure**, even though other criteria within that procedure may have been rated as satisfactory. A description of the Primary Dentition procedures and the number of criteria that are evaluated for the procedures appears below:

MANIKIN EXAMINATION – 100 Points

The Manikin-based examination consists of the following:

Primary Molar Pulpotomy Procedure (#A)	5 Criteria
Primary Molar Stainless Steel Crown Preparation (# J)	7 Criteria
Primary Molar Stainless Steel Crown Placement (#L)	10 Criteria
Primary Molar Class II Restoration (#T)	8 Criteria

To compute the score for each individual procedure, the number of points the candidate has earned for each criterion is totaled, divided by the maximum number of possible points for that procedure and the results are multiplied by 100. This computation converts scores for each procedure to a basis of 100 points. Any penalties that may have been assessed during the treatment process are deducted **after** the total score for the procedure has been converted to a basis of 100 points.

PENALTY DEDUCTIONS

Throughout the examination, not only clinical performance will be evaluated, but also the candidate's professional demeanor will be evaluated by Clinic Floor Examiners. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination standards, as defined within this manual, or for certain procedural errors as described below:

Any of the following may result in a deduction of points from the score of the entire examination Part or dismissal from the exam in any of the clinical procedures:

1. Violation of universal precautions (1 point) or infection control; gross asepsis; operating area is grossly unclean, unsanitary or offensive in appearance; failure to dispose of potentially infectious material and clean the operatory after individual examinations (10 points)
2. Poor Professional Demeanor – unkept, unclean, or unprofessional appearance (1 point); inconsiderate or uncooperative with other candidates, examiners or testing site personnel (10 points)
3. Improper Operator/Manikin position (1 point)
4. Inadequate isolation -The isolation dam is inappropriately applied, torn and/or leaking, rendering the preparation unsuitable for the subsequent manipulation of the restorative material for placement of Class II composite restoration. (1 point)
5. Corroborated errors for Treatment Management criteria on all Restorative procedures
6. Rubber Dam remnants (1 point)
7. Pencil marks on teeth (1 point)
8. Uncleanliness of models when turned in that would impede visual assessment of the procedure (1 point)
9. Bonding agent (1 point)

The following infractions will result in a loss of **all** points for the examination procedure:

1. Failure to complete any preparation or final restoration
2. Violation of Examination Standards, Rules or Guidelines

3. Treatment of teeth or surfaces other than those approved or assigned by examiners
4. Damage to an adjacent tooth requiring a restoration (see criteria).
5. Gross iatrogenic damage to the simulated gingiva and/or typodont located anywhere within or near the treatment selection.
6. Failure to recognize an exposure
7. Unjustified or irreparable mechanical exposure
8. Use of canned compressed air
9. Critical Lack of Diagnostic/Clinical Judgment Skills – This penalty would be applied when the prognosis of the treatment and/or the simulated patient’s well-being is seriously jeopardized. Examples include but are not limited to:
 - a. Inability to differentiate between caries and a pulpal exposure
 - b. Damage to the typodont outside of the assigned work area.

The penalties or deficiencies listed above do not imply limitations, since obviously some procedures will be classified as unsatisfactory for other reasons, or for a **combination** of several deficiencies. Corroborated errors for the treatment management criteria for each Restorative procedure – Simulated Patient will be deducted as penalty points from the procedure total.

Professional Conduct – All substantiated evidence of falsification or intentional misrepresentation of application requirements, collusion, dishonesty, or use of unwarranted assistance during the course of the examination shall automatically result in failure of the entire examination by any candidate.

In addition, there will be no refund of examination fees and that candidate cannot apply for re- examination for one full year from the time of the infraction. Any of the following will result in failure of the entire examination:

- a. Falsification or intentional misrepresentation of application requirements
- b. Cheating (Candidate will be dismissed immediately)
- c. Any candidate demonstrating complete disregard for the oral structures, welfare of the simulated patient and/or complete lack of skill and dexterity to perform the required clinical procedures
- d. Misappropriation of equipment (theft)
- e. Receiving unwarranted assistance
- f. Alteration of examination records.

PRIMARY DENTITION RESTORATIVE SIMULATED PATIENT EXAMINATION – 100 POINTS

The Primary Dentition Restorative Examination consist of four procedures:

Primary Molar Pulpotomy Procedure (#A)

Primary Molar Stainless Steel Crown Preparation (#J)

Primary Molar Stainless Steel Crown Placement (#L)

Primary Molar Class II Restoration (#T)

For the Class II procedure, candidates may choose to place a Class II Amalgam or a Class II Composite.

GENERAL REQUIREMENTS

- Communications from Examiners:** Clinic Floor Examiners are available to help facilitate the examination process. If you have any questions about any part of the exam, **do not hesitate** to confer with a Clinic Floor Examiner.
In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer. Examiners at the examination site do not know and cannot provide information on whether a candidate has passed or failed a specific Examination.
- Infection Control:** Candidates must follow all infection control guidelines required by the state where the examination is taking place and must follow the CDC's *Guidelines for Infection Control in Dental Health- Care Settings* The current recommended infection control procedures as published by the CDC must be followed for the Endodontics, Fixed Prosthodontics, Periodontal and Restorative Examinations. These procedures must begin with the initial setting up of the unit, continue throughout the examinations and include the final cleanup of the operatory. Failure to comply will result in loss of points and any violation that could lead to direct harm will result in termination of the examination and loss of all points.

Primary Dentition Restorative Examination Procedural and Clinical Management Requirement & Guidelines:

Primary Dentition Restorative Typodont Modules: Restorative treatment must be completed on the assigned teeth. A mounted manikin with full facial shroud should be provided by the testing site for insertion of the typodont. The manikin heads must accommodate the Acidental ModuPRO™ which can be adapted to a chair-mounted post or a high-tech simulation lab unit. If the typodonts are to be chair-mounted, they must have an articulating hinge attached. If a simulation lab is being used, the typodonts must be adapted with appropriate connectors. Please check with the site regarding equipment provided.

CRDTS will provide the following: CRDTS ModuPro Pedo Model with mixed dentition.

Typodont instructions: Upon receiving all arches, candidates should verify the candidate number pre-entered on the end cap of both arches.

Upon completion of the procedures, contact a CFE for permission to dismantle. The typodont should be as clean as it was when you received it. Place the Primary Dentition Restorative arches into the labeled bag and submit to a CFE for evaluation/storage.

Isolation Dam: The pulpotomy and composite restoration procedures must be performed under an isolation dam. The dam must be removed at the completion of the procedure. An isolation dam is not required for the SSC preparation, restoration or amalgam restoration procedures.

Putty Matrix: Since working and scoring articulators could cause a variance in occlusion, a standardized reduction matrix will be supplied by CRDTS to be used by both the candidate and examiner for evaluating occlusal, facial and lingual reduction.

The matrix is sectioned from the facial to the lingual at the midpoint of tooth #J along the long axis of the tooth.



Preparation of Teeth:

- a. **Primary Molar Pulpotomy Procedure - #A:** The artificial tooth must be used to complete access opening to the canals. Access opening to all canals must be completed. The size, shape and extent of the prepared access opening should reflect such anatomy and will be graded accordingly.

If the tooth fractures during treatment, the procedure should be completed. If a crown fractures during treatment, place the fractured pieces in a sealable plastic bag and turn them in with the treated tooth. No occlusal reduction of clinical crowns may be done, other than the normal access preparation. Any other alteration will result in a deduction of points.



- b. **Primary Molar Stainless Steel Procedures**

The assigned teeth will be single layer teeth. The teeth should be prepared in the appropriate proportions, taper and depths as defined in the criteria.

The teeth must be prepared for full crowns with supragingival margins. When the feather edge margin is prepared, the preparation should not extend below the simulated free gingival margin.

The preparation on #L will not be evaluated, only the placement of the permanently cemented stainless steel crown will be evaluated.

Primary Molar Stainless Steel Crown Restoration - #L: must be **permanently cemented**.

Restorative Instruments: A clear, unscratched, front-surface, non-disposable, #4 or #5 mouth mirror (mouth mirrors that are clouded, tinted, or unclear will be rejected), a *sharp* traditional Shepherd's Hook-type explorer and a periodontal probe with 1mm markings are required for the restorative examination and must be provided by the candidate. A new diamond bur is the recommended manufacturer option for the Acidental tyodont teeth with simulated decay.

Restorative Materials: For composite restorations the surface should be etched, bonded and restored. No specific composite shade shall be required. Any wedges placed during treatment must be removed prior to evaluation. An Isolation dam must be utilized for the Class II composite restoration and the pulpotomy procedures.

Standardized Floss: CRDTS will provide standardized, approved floss for evaluation of the interproximal clearance/contact on the Class II Restoration and the SSC Placement:

POH LiteWax Percept 630 Black Floss sachets

Go to www.oralhealthproducts.com for more information

Modification Requests: There will be no modification requests in the Primary Dentition Restorative Simulated Patient Examination.

Tooth #L Proximal Clearance/Contact Evaluation: Due to the preexisting open contact between teeth #L and #M the criteria describe interproximal clearance for the mesial proximal relationship. The distal proximal relationship between teeth #K and #L is described as interproximal contact. Proximal clearance/contact is a critical part of the evaluation and the candidate should be aware that the examiners will be checking the clearance/contact visually and with approved, standardized dental floss. The candidate should be familiar with the properties of the material being used.

***Retake Policy: Please see Dental Therapy Examination Overview, Policy and Procedures Manual**

PRIMARY MOLAR STAINLESS STEEL CROWN PREPARATION

Cervical Margin and Draw

Margin/Extension

SAT	The margins should be at the crest of the simulated free gingival margin.
ACC	The cervical margin is no more than 0.5 mm apical or coronal to the crest of the simulated free gingival margin.
SUB	The cervical margin is <input type="checkbox"/> overextended more than 0.5 mm but not more than 1.0 mm apical to the crest of the simulated free gingival margin. The cervical margin is <input type="checkbox"/> underextended, more than 0.5 mm but no more than 1.0 mm coronal to the crest of the simulated free gingival margin.
DEF	The cervical margin is <input type="checkbox"/> overextended more than 1.0 mm apical to the crest of the simulated free gingival margin. The cervical margin is <input type="checkbox"/> underextended more than 1.0mm coronal to the crest of the simulated free gingival margin.

Margin/Definition

SAT	The cervical margin is smooth, continuous, well defined.
ACC	The cervical margin is continuous but slightly rough and lacks some definition.
SUB	The cervical margin has some continuity, is significantly rough and is poorly defined.
DEF	The cervical margin has no continuity and/or definition.

Line of Draw

SAT	The appropriate path of insertion varies less than 10° from parallel to the long axis of the tooth on all axial surfaces and a line of draw is established.
ACC	The path of insertion/line of draw deviates 10° to less than 20° from the long axis of the tooth.
SUB	The path of insertion/line of draw deviates 20° to less than 30° from the long axis of the tooth.
DEF	The path of insertion/line of draw is grossly unacceptable, deviating 30° or more from the long axis of the tooth.

PRIMARY MOLAR STAINLESS STEEL CROWN PREPARATION

Walls, Taper and Finish Line

Axial Tissue Removal

SAT	Axial tissue removal is optimally 1.0 mm to be sufficient for convenience, retention and resistance form.
ACC	The axial tissue removal deviates no more than + 0.5 mm from optimal.
SUB	The axial tissue removal is over-reduced no more than + 1.0 mm from optimal.
DEF	The axial tissue removal is grossly over-reduced more than 2mm or under-reduced less than 0.5 mm.

Axial Wall-Smoothness

SAT	Walls are smooth and well-defined.
ACC	The walls are slightly rough and lack some definition.
SUB	The axial walls are rough.

Taper

SAT	There is full visual taper (6° – 16°)
ACC	Taper is present, but nearly parallel ($<6^{\circ}$) or slightly excessive ($>16^{\circ}$, but $<24^{\circ}$).
SUB	There is no taper or excessive taper ($>24^{\circ}$).
DEF	The taper is grossly over-reduced ($>30^{\circ}$).

Cervical Finish Line

SAT	The margin is knife-edge or feather-edge with no ledges present.
ACC	The margin, although predominantly knife-edge or feather-edge, has some areas of ledging that do not exceed 0.5mm in width.
SUB	The margin varies significantly from the knife-edge or feather-edge design exhibiting ledges and/or width no more than 1.0 mm.
DEF	The margin exhibits excessive shoulders, chamfers or ledges and/or width more than 1.0mm.

Occlusal Reduction

SAT	Reduction of the occlusal wall is optimally 1.0 mm.
SUB	Occlusal reduction deviates no more than ± 0.5 mm from optimal.
DEF	The occlusal wall is grossly over-reduced, greater than 1.5 mm; or grossly under-reduced, less than 0.5 mm, resulting in insufficient occlusal clearance for adequate restorative material.

Internal Line Angles

SAT	Internal line angles and cusp tips are rounded.
ACC	Internal line angles and cusp tip areas are not completely rounded and show a slight tendency of being sharp.
SUB	The internal line angles and cusp tip areas show only minimal evidence of rounding or are excessively sharp.

Occlusal Anatomy

SAT	The general occlusal anatomy is maintained.
SUB	The occlusal anatomy is flat.

PRIMARY MOLAR STAINLESS STEEL CROWN PREPARATION

Critical Errors

Critical Lack of Clinical Judgment/Diagnostic Skills

PRIMARY MOLAR STAINLESS STEEL CROWN RESTORATION

Cervical Margin and Draw

Margin/Extension

SAT	The extension of the crown into the simulated gingival sulcus is optimally 1.0mm.
ACC	The extension of the crown into the simulated gingival sulcus is over-extended greater than 1.0mm but less than 1.5mm. The extension of the crown into the simulated gingival sulcus is under-extended less than 1.0mm but does not extend occlusally above the free gingival margin.
SUB	The extension of the crown into the simulated gingival sulcus is over-extended greater than 1.5mm but less than 2.0mm. The extension of the crown into the simulated gingival sulcus is under-extended occlusally above the free gingival margin but not more than 0.5mm.
DEF	The extension of the crown into the simulated gingival sulcus is over-extended greater than 2.0mm. The extension of the crown into the simulated gingival sulcus is under-extended occlusally above the free gingival margin more than 0.5mm.

Margin/Definition

SAT	The crown margins have been properly crimped to exhibit adaptation to the tooth surface with isolated discrepancies less than 0.5mm.
ACC	The crown margins have been crimped to exhibit adaptation to the tooth surface with isolated discrepancies greater than 0.5mm but less than 1.0mm
SUB	The crown margins exhibit adaptation to the tooth surface with generalized prevalent discrepancies greater than 0.5 mm but less than 1.0mm
DEF	The crown margins exhibit minimal adaptation to the tooth surface with discrepancies greater than 1.0mm

Surface Finish

SAT	The crown surfaces, including margins, are well polished with no scratches or pliers marks.
ACC	The crown surfaces, including margins, are polished but show slight evidence of scratches or pliers marks.
SUB	The crown surfaces, including margins, are rough and/or show significant evidence of scratches or pliers marks.

Cement Removal

SAT	There is no evidence of cement visible on the crown surface, on the marginal areas, in the gingival sulcus, in the interproximal area of the adjacent tooth, on the gingival tissues or other adjacent teeth surfaces.
ACC	There is no evidence of cement visible on the marginal areas, in the gingival sulcus or in the interproximal area of the adjacent tooth. There is minimal evidence of cement remaining on the crown surface, the gingival tissues or other adjacent teeth surfaces.
SUB	There is no evidence of cement visible on the marginal areas, in the gingival sulcus or in the interproximal area of the adjacent tooth. There is moderate evidence of cement remaining on the crown surface, the gingival tissues or other adjacent teeth surfaces.
DEF	There is evidence of cement visible on the marginal areas, in the gingival sulcus or in the interproximal area of the adjacent tooth. There is significant evidence of cement remaining on the crown surface, the gingival tissues or other adjacent teeth surfaces.

PRIMARY MOLAR STAINLESS STEEL CROWN RESTORATION

Contour, Contact and Occlusion

Interproximal Clearance/Contact

SAT	Mesial - Interproximal clearance is present up to .5 mm. and is properly shaped and positioned. Distal - Interproximal contact is present, the contact is visually closed and properly contoured; and there is definite, but not excessive, resistance to waxed dental floss when passed through the interproximal area.
ACC	Mesial - Interproximal clearance is present, and is greater than .5mm up to 1mm. and is properly placed and positioned. Distal - Interproximal contact is present, the contact is visually closed and properly contoured but demonstrates little resistance to waxed dental floss when passed through the interproximal area.
SUB	Mesial - Interproximal clearance is visually present, however is deficient in size and shape, and deflects dental floss. Distal - Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to waxed dental floss or shreds or breaks the floss.
DEF	Mesial - Interproximal clearance is present, but is greater than 1mm., or interproximal contact is closed and will not allow dental floss to pass through the contact area. Distal - The interproximal contact is visually open or will not allow waxed dental floss to pass through the contact area.

Centric/Excursive Contacts

SAT	When checked with articulating ribbon or paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.
SUB	When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth, and requires adjustment.
DEF	There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.

Occlusal Anatomy

SAT	The crown is positioned properly on the tooth to replicate the normal physiological contours, marginal ridge height and alignment, not rotated or axially inclined.
ACC	The crown does not replicate the normal physiological contours, marginal ridge height and alignment, but would not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

PRIMARY MOLAR STAINLESS STEEL CROWN RESTORATION

Critical Errors

Fractured Restoration

The restoration is debonded and/or movable in the preparation.

Critical Lack of Clinical Judgment/Diagnostic Skills

PULPOTOMY PROCEDURE

Access Opening

Placement

SAT	The placement of the access opening is the mesial triangular pit and central fossa of the tooth and would allow for straight-line access to the root canal system.
ACC	The placement of the access opening is not directly over the pulp chamber but would allow for straight-line access to the root canal system.
SUB	The placement of the access opening is not over the pulp chamber and would not allow straight-line access to the root canal system.
DEF	The placement of the access opening is not over the pulp chamber and would not allow access to the root canal system.

Size

SAT	The access opening is of optimal size and allows for complete debridement of the pulp chamber.
SUB	The access opening is underextended allowing for partial debridement of the pulp chamber.
DEF	The access opening is underextended so that debridement of the pulp chamber or access to one or more canal orifices is impossible.

Integrity of Occlusal Anatomy

SAT	The access opening preserves 1.0 mm or more of the mesial marginal ridge, oblique ridge, and all cusp tips.
SUB	The access opening is overextended but preserves at least 0.5 mm but less than 1.0 mm of the mesial marginal ridge, oblique ridge, and/or any cusp tip.
DEF	The access opening is overextended but preserves less than 0.5 mm of the mesial marginal ridge, oblique ridge, and/or any cusp tip or extends over the occlusal table.

Internal Form

SAT	The internal form tapers to the canal opening with no ledges.
SUB	The internal form lacks taper to the canal orifice(s), gouges are present that do not affect access to the canal orifice.
DEF	The internal form exhibits excessive ledging or gouges that do not allow access to the canal orifices and/or the pulp chamber is not entered and/or there is incomplete removal of the pulp chamber roof and/or there is a perforation of the crown or the floor of the pulp chamber.

Pulp Horn Removal

SAT	All pulp horns are removed through the access opening.
ACC	Pulp horns are not fully removed through the access opening.
SUB	Pulp horns are not entered.

PULPOTOMY PROCEDURE

Critical Errors

Critical Lack of Clinical Judgement/Diagnostic Skills

PRIMARY CLASS II AMALGAM FINISHED RESTORATION

Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	There is no detectable excess at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm.
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of marginal excess of more than 1.0 mm and up to 2.0 mm.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2.0 mm.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits surface significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. There is no excess restorative material present that is not contiguous with the restoration.
ACC	There is evidence of unwarranted or unnecessary removal, or recontouring of tooth structure contiguous to the restoration that is no greater than 0.5 mm. (Enameloplasty) Excess present that is not contiguous with the restoration no greater than 0.5mm.
SUB	There is evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration that is greater than 0.5 mm up to 1 mm. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm up to 1 mm.
DEF	There is greater than 1.0 mm of Enameloplasty. There is excess present that is not contiguous with the restoration greater than 1 mm.

PRIMARY CLASS II AMALGAM FINISHED RESTORATION

Contour, Contact and Occlusion

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to dental floss or shreds the floss.
DEF	The interproximal contact is visually open or will not allow floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

SAT	When checked with articulating ribbon or paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.
SUB	When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth, and requires adjustment.
DEF	There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal physiological proximal contours of the tooth, occlusal and marginal ridge anatomy.
ACC	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

AMALGAM FINISHED RESTORATION

Critical Errors

1. Fractured Restoration
2. Critical Lack of Clinical Judgment/Diagnostic Skills

**PRIMARY CLASS II COMPOSITE FINISHED
RESTORATION
Margin Integrity and Surface Finish**

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	There is no detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm.
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of marginal excess of more than 1.0 mm and up to 2.0 mm.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2.0 mm.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. There is no excess restorative material present that is not contiguous with the restoration.
ACC	There is evidence of unwarranted or unnecessary removal, or recontouring of tooth structure contiguous to the restoration that is no greater than 0.5 mm. (Enameloplasty) Excess present that is not contiguous with the restoration no greater than 0.5mm.
SUB	There is evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration that is greater than 0.5 mm up to 1 mm. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm up to 1 mm.
DEF	There is greater than 1.0 mm of Enameloplasty. There is excess present that is not contiguous with the restoration greater than 1 mm.

**PRIMARY CLASS II COMPOSITE FINISHED
RESTORATION
Contour, Contact and Occlusion**

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to dental floss or shreds the floss.
DEF	The interproximal contact is visually open or will not allow floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

SAT	When checked with articulating ribbon or paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.
SUB	When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth, and requires adjustment.
DEF	There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal physiological proximal contours of the tooth, occlusal and marginal ridge anatomy.
ACC	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

**CLASS II COMPOSITE FINISHED
RESTORATION**

1. Fractured Restoration
2. The restoration is debonded and/or movable in the preparation.
3. Critical Lack of Clinical Judgment/Diagnostic Skills

MANIKIN PROCEDURES
Treatment Management
Penalty Points ONLY

CONDITION OF ADJACENT TEETH

SAT	The adjacent teeth and/or restorations are free from damage.
ACC	Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
SUB	Damage to adjacent tooth/teeth requires recontouring which changes the shape and/or position of the contact.
DEF	There is gross damage to adjacent tooth/teeth which requires a restoration.

CONDITION OF SOFT TISSUE

SAT	The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
SUB	There is iatrogenic soft tissue damage that is inconsistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.