

PERIODONTAL EXAMINATION**1. Equipment**

Dental mirror
North Carolina 15 periodontal probe
Plastic CPITN periodontal probe (for implants only)
2"x2" sterile gauze

2. Half-Mouth to be Examined

If the last digit of the participant's ID number is ODD then the right side of the mouth is examined.
If the last digit is EVEN then the left side is examined.

3. Plaque Index, Gingival Index, Calculus**3.1 General Procedure**

The randomly selected **maxillary** quadrant is examined first. Examination begins at the most distal tooth. For each tooth in the quadrant, the buccal side is examined first followed by the lingual side. The worst score for each tooth is recorded. The procedure is then repeated for the randomly selected mandibular quadrant.

The Plaque Index and Gingival Index are completed on one pass. The calculus assessment is completed on a second pass.

3.2 Plaque Index

To perform the examination, the tooth is dried and examined using a surface reflecting mirror and a periodontal probe. The examiner first observes the site to determine whether or not plaque is visible. If plaque is not visible the examiner runs the probe across the tooth surface to determine if the surface has plaque that could be detected only by an instrument. A single score is recorded for each tooth.

Plaque Index Scoring Key:

- 0: No plaque in the gingival area.
- 1: A film of plaque adheres to the free gingival margin and adjacent area of the tooth. The plaque may be recognized only by running a probe across the tooth surface.
- 2: There is an accumulation of soft deposits within the gingival pocket, on the gingival margin and/or adjacent tooth surface which can be seen by the naked eye.

NOTE: This plaque assessment is a modification of the Silness and Loe Gingival Plaque Index. It should be noted that categories "2" and "3" from the original index were collapsed into a single category "2" so that examiners only have to distinguish between visible plaque and plaque that cannot be seen, but is detectable with a probe.

3.3 Gingival Index

Use the periodontal probe to assess the gingival index. Sweep the probe around the gingiva in the sulcus to a depth of 1-2 mm. Determine if gingival inflammation is visibly present and whether or not bleeding occurs. Record one score per tooth.

Gingival Index (GI) Scoring Key:

- 0: Normal gingiva
- 1: Mild inflammation, slight change in color, slight edema, no bleeding on probing.
- 2: Moderate inflammation, redness, edema and glazing, bleeding on probing. Bleeding occurs after sweeping 1-2 mm of the pocket with a periodontal probe.
- 3: Severe inflammation, marked redness and edema, ulcerations, tendency toward spontaneous bleeding.

3.4 Calculus

The periodontal probe will be used to determine the presence of calculus. The assessment for calculus will be made after the teeth in a designated quadrant are dried with air. The examiner will observe each tooth to determine the presence of supragingival calculus and probe for subgingival calculus. A single score will be assigned for each tooth.

Calculus Scoring Key:

- 0: No calculus
- 1: Supragingival calculus but no subgingival calculus
- 2: Subgingival calculus

4. Pocket Depth and Clinical Attachment Level

4.1 General Procedure

Pocket depth is defined as the distance between the crest of the gingiva and the base of the pocket (point where resistance is met by the probe tip). Clinical attachment level is defined as the distance between the cemento-enamel junction (CEJ) and the base of the pocket (point where resistance is met by the probe tip). Pocket depth and clinical attachment level will be measured to the nearest millimeter.

Probe the maxilla first, and then the mandible, using the following order. Begin probing from the most disto-buccal surface, probe sequential buccal sites until reaching the midline. Record three buccal readings per tooth: disto-buccal, direct buccal, and mesio-buccal. Repeat on the lingual starting with the most disto-lingual surface. Record three lingual readings per tooth: disto-lingual, direct lingual, and mesio-lingual sites.

Only teeth in full eruption are measured. The probe should be held with a light grasp and pointed toward the apex of the tooth or the central axis of multirrooted teeth. At the interproximal sites, the probe should be kept parallel to the long axis of the tooth and as close to the contact point as possible, even if the adjacent tooth is missing.

Measurements are rounded up to the nearest millimeter before they are recorded (read the first 1mm marking that can be seen on the probe).

4.2 Obscured CEJ

If the CEJ is obscured by a carious lesion or a restoration, the most apical edge of the lesion or restoration will be used as the CEJ.

4.3 Implants

Always use a plastic probe on implants. If a restorative procedure prevents an implant from being probed, mark the implant as missing.

4.4 Third Molars

Third molars are not evaluated even if they have drifted into a second molar position. If you determine that the second molar position is held by a third molar, classify the second molar as missing and ignore the third molar.