

## DENTAL RADIATION CERTIFICATION

## UNIT 3: Exposure Techniques TOPIC C: Bisecting Angle Technique

1.	Reminder: The	is	to the tooth and	the receptor in the
		technique		
2.	The critical difference between t	he two techniques is t	he placement of the	·
3.	When the receptor is closer up a	gainst the teeth, it is n	ow NOT	_ to the receptor.
	This means that we will have to c	hange the angle of ou	r ray (main beam).	
4.	When the receptor is NOT paralle	el to the long axis of th	e tooth, but we still make the primary	v beam
	perpendicular to the tooth, the r	esultant image will be	(stretc	hed).
5.	Too LOW of a vertical angle caus	es	·	
6.	When the receptor is NOT paralle	el to the long axis of th	e tooth and we make the central ray	perpendicular to
	the receptor, the resultant image	e will be	(squatty).	
7.	Too HIGH of a vertical angle caus	es	·	
8.	The		is a line you create in your head t	hat is half way
			in the mouth and the long axis of the	
9.	In the Bisecting Angle Technique	, the PID is at a	angle (perpendicular) to the	imaginary bisector.
10.	The term "bisect" means to		So we are cutti	ng in half the two
	angles: the line of the long axis of	of the tooth and the lin	e of the	
11.	Horizontal angulation changes when using bisecting angle technique instead of paralleling. True False			
12.	If the sun is just coming up in the	sky (and is therefore	LOW on the horizon), shadows will be	long / short
	(circle one) on the ground.			
13.	Too LOW of a vertical angle causes			
14.	If the sun is HIGH in the sky, shadows will be long / short (circle one) on the ground.			
15.	Too HIGH of a vertical angle causes			
16.	Correct angulation of the primar	y beam is to place it at	a right angle to the	
rega	•	ting Principle."	rticle on our website in th If this concept is not solic and check it out.	
17.	Which technique provides the m	ost accurate image?		

- 18. The suggested angles for each PA using the bisecting angle technique is always accurate. True False
- 19. The XCP kit could be used for both the paralleling technique and the bisecting angle technique. True False

- 20. The most commonly used holder for the bisecting angle technique is the \_\_\_\_\_\_.
- 21. A stabe bite block is DISPOSABLE and can only be used when the receptor is \_\_\_\_\_\_.
- 22. NEVER have the patient hold the \_\_\_\_\_\_ in the mouth. It will slip, move, bend. But also you will \_\_\_\_\_\_ the \_\_\_\_\_ unnecessarily.
- 23. Why use a holder at all? We might as well just have the patient bite on the receptor and severely increase the angle of the PID. True False Explain:
- 26. If your patient does not bite down all the way on the biteblock, there will be extra space at the \_\_\_\_\_\_ and the \_\_\_\_\_\_ may be cut off the edge of the image. If that happens the image will be undiagnostic and will have to be retaken.
- 27. Which error typically is causes us to have to RETAKE the x-ray (it is undiagnostic)? Paralleling Bisecting
- 28. A 16" target-film distance is recommended for the \_\_\_\_\_\_ technique.

Match the common radiographic error with the correct definition.

Α.	Foreshortening	Film in the mouth backwards
В.	Elongation	Totally black image
C.	No root tips	The receptor is placed too mesially/distally
D.	Dropped corner	Underexposed
E.	Receptor placement error	Clear/light blue image
F.	Too light of an image	Incorrect horizontal angle
G.	Too dark of an image	Too low of a vertical angle causes
Н.	Overlapping	Overexposed
I.	Conecutting	Patient movement or reticulation
J.	No exposure on a film	Too high of a vertical angle
К.	Complete exposure of a film	Occlusal plane and top of receptor are not parallel
L.	Herringbone pattern	Receptor not deep enough in the mouth
M.	 Double exposure	Using the same film for two exposures
N.	Blurred image	The center of the primary beam is not aimed at the center of the receptor

NEXT UP: Unit 3 Topic D: Panoramic Radiography