

THERE ARE LOTS OF GOOD PICTURES AND DESCRIPTIONS OF THE INSTRUMENTS USED IN ENDO IN CHAPTER 11 OF YOUR INSTRUMENT BOOK. BE SURE TO HAVE IT HANDY AND REFER TO IT OFTEN THROUGH THIS LECTURE. AT THE END OF THE LECTURE GO THROUGH THE CHAPTER FROM START TO FINISH MAKING SURE IT ALL MAKES SENSE.

1. The prefix “endo” means \_\_\_\_\_.
2. The root word “dont” means \_\_\_\_\_.
3. So endodontics is the treatment of the \_\_\_\_\_.
4. Reasons for needing endodontic treatment (RCT):
  - a. \_\_\_\_\_ pulpitis
    - i. Inflammation of the pulp tissue and can \_\_\_\_\_ recover.
  - b. Pulpal \_\_\_\_\_
    - i. The nerve is \_\_\_\_\_ from \_\_\_\_\_ or from untreated irreversible pulpitis.
  - c. Periapical \_\_\_\_\_ (a collection of \_\_\_\_\_)
    - i. Decay into the \_\_\_\_\_
    - ii. \_\_\_\_\_
    - iii. Bacteria in the body locating at the apex
5. Reasons to perform a pulp test include:
  - a. To check for \_\_\_\_\_ in the tooth
  - b. To \_\_\_\_\_ the tooth in question with other teeth (to determine which tooth might have a program)
6. An **extruded tooth** is one that has \_\_\_\_\_ out of the \_\_\_\_\_.
7. **Chronic** pain is \_\_\_\_\_ and is mild.
8. **Acute** pain is \_\_\_\_\_ and \_\_\_\_\_.
9. The three methods for testing vitality in a tooth include:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
10. When **percussion** testing, we are checking for \_\_\_\_\_ and for a \_\_\_\_\_ sound.
11. The patient should feel absolutely **nothing** when tapping on a healthy tooth. True False (circle one)
12. A **hollow sound** indicates that the pulp of the tooth is \_\_\_\_\_.
13. **Thermal** testing means \_\_\_\_\_ or \_\_\_\_\_.
14. A vitalometer sends an \_\_\_\_\_ current into the tooth.

SEE CHAPTER 11 IN THE INSTRUMENT BOOK FOR A PICTURE AND GOOD INFORMATION REGARDING THE PULP TESTER. THERE IS ALSO A GOOD PICTURE AND INFORMATION ON AN APEX LOCATOR FURTHER DOWN IN THE CHAPTER. DEFINITELY GOOD INFORMATION WORTH READING.

15. Why do we need to **floss and isolate** before testing with a pulp vitalometer? \_\_\_\_\_  
\_\_\_\_\_
16. What is a **control tooth**? \_\_\_\_\_
17. Normal **anterior** readings (meaning the tooth is probably fine) are between \_\_\_\_\_.
18. Normal **posterior** readings are between \_\_\_\_\_.
19. If we get all the way to 10 on the vitalometer and the patient doesn't react at all, then the tooth is \_\_\_\_\_ (dead).
20. If we do something wrong when using a vitalometer, we might get a \_\_\_\_\_ reading or a \_\_\_\_\_ reading.
21. **False positive** reactions include:
  - a. Readings from \_\_\_\_\_ tissues
  - b. Many \_\_\_\_\_ with one canal that is vital
  - c. Too much \_\_\_\_\_ on the tooth with the probe
  - d. Extremely \_\_\_\_\_ patient (over-reacts)
22. **False negative** reactions include:
  - a. Large amounts of \_\_\_\_\_ (oops – I put **DECAY** on the slide – I meant **DENTIN** . . . . did you catch it???)
  - b. An immature permanent tooth (the \_\_\_\_\_ is not completely formed/closed)
  - c. Poor \_\_\_\_\_ between the probe and the tooth
    - i. Toothpaste can be used as a \_\_\_\_\_ to transfer the current into the tooth
  - d. Teeth recently \_\_\_\_\_ or undergone ortho treatment
  - e. Patient under the \_\_\_\_\_ of drugs or \_\_\_\_\_
23. **Who can legally test pulp vitality** in California? \_\_\_\_\_ under \_\_\_\_\_ supervision
24. Can we always do a root canal when there is an infection? Yes No (circle one)
25. Considerations to determine if we can do a root canal (or we need to extract the tooth) include:
  - a. Degree of \_\_\_\_\_
  - b. \_\_\_\_\_ of the tooth
  - c. \_\_\_\_\_ of the tooth root (a curved root is called a \_\_\_\_\_ root)
  - d. The \_\_\_\_\_ structure of the \_\_\_\_\_ (auxiliary canals)
  - e. Presence of a pulp \_\_\_\_\_
26. When a tooth is \_\_\_\_\_ (dead), the patient may not need anesthesia.
27. Can a patient **infect themselves**? Yes No (circle one)

28. What is going to help us **isolate the infection** so that there is less change of the infection spreading?  
Placement of a \_\_\_\_\_
29. If the pulp is **liquefied**, that is \_\_\_\_\_ in the tooth. We'll send the patient home to let the tooth \_\_\_\_\_. This procedure is called an "\_\_\_\_\_ and \_\_\_\_\_".
30. \_\_\_\_\_ is the fancy word for bad breath.  
The **center** of the pulp in the **crown** of the tooth is called the pulp \_\_\_\_\_.
31. The file used to help **locate the canals** once we have accessed the center of the tooth is called a \_\_\_\_\_
32. **Gates files** are attached onto the \_\_\_\_\_ handpiece (it's a latch-type bur).
33. A barbed \_\_\_\_\_ is used first to remove tissue from the canal.
34. Endodontic files are used to \_\_\_\_\_ and \_\_\_\_\_ the inside of the canal.
35. The two numbers we need to know about the files include:  
a. Numbers on the handle of the file that indicates the \_\_\_\_\_ around  
b. \_\_\_\_\_ of the file which is measured with a mm ruler and rubber \_\_\_\_\_
36. It is **imperative** that the x-ray taken during the middle of a root canal procedure is not \_\_\_\_\_ or \_\_\_\_\_ so that we establish the right \_\_\_\_\_ of the canal.
37. The **solutions** commonly used to **irrigate** during a root canal procedure include:  
a. \_\_\_\_\_ solution (which is \_\_\_\_\_ water)  
b. \_\_\_\_\_ which would help to bubble out debris  
c. Bleach and water (50/50)  
i. Bleach is properly called \_\_\_\_\_
38. Who can legally **dry canals with paper points** in California? \_\_\_\_\_ under \_\_\_\_\_ supervision
39. Who can "**trial fit**" the master cone (1<sup>st</sup> gutta percha point)? \_\_\_\_\_ under direct supervision  
I neglected to say that when trial fitting the master cone, we take an x-ray to ensure that the point is going down to the right spot/width at apex of the tooth
40. The master cone is then sealed into the canal. The file that can be used to help **splatter the sealer** is called a \_\_\_\_\_
41. The instrument used to help **make room for more** GP points in the canal is called a \_\_\_\_\_.
42. The ends of the gutta percha **extruding out the crown** of the tooth are \_\_\_\_\_ and cut off with a instrument such as a \_\_\_\_\_ burnisher.
43. Why is it important to suction when your doctor is cutting off the gutta percha? \_\_\_\_\_
44. The RCT procedure **starts over** at the beginning for \_\_\_\_\_.
45. What are our options for restoring the crown of the tooth after we finish the RCT procedure?  
a. \_\_\_\_\_ filling  
b. \_\_\_\_\_ filling  
c. \_\_\_\_\_

46. Options for an **unsuccessful** RCT include:
- \_\_\_\_\_ (cutting off the root tip)
  - \_\_\_\_\_ (trying again)
  - \_\_\_\_\_ (removing the tooth all together)
47. It's a great idea to \_\_\_\_\_ the teeth after an apicoectomy if there is a lot of bone loss.  
This will help to stabilize the tooth while the bone is filling back in.
48. Additional instruments/supplies that can be used during an RCT include:
- Apex \_\_\_\_\_/locator
  - Vitality scanner
  - Heating unit (to liquefy the \_\_\_\_\_ so that it flows and fills all the nooks and crannies 😊)
  - Endodontic handpiece
  - Thermafil endo obturator
49. Endodontic \_\_\_\_\_

**Make sure you know the following terms:**

- Acute \_\_\_\_\_
- Chronic \_\_\_\_\_
- Extrude \_\_\_\_\_
- Necrotic \_\_\_\_\_
- Periapical abscess \_\_\_\_\_
- Cyst \_\_\_\_\_
- Conductor \_\_\_\_\_

**GOOD JOB!**

**NEXT UP:**

**Week 4: ORAL SURGERY**