# Simulated Patient Restorative Examination Procedures

## 2023 CANDIDATE MANUAL

**Please read all pertinent manuals in detail before attending the examination**

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# EXAMINATION AND MANUAL OVERVIEW

The CDCA-WREB-CITA administers the ADEX clinical dental licensure examination. This manual has been designed to assist candidates who are challenging the restorative procedures and the optional periodontal scaling procedure of the exam.

All candidates who take any parts of the ADEX dental examination series administered by the CDCA-WREB-CITA are responsible for reading and understanding the examination manual(s) published by the CDCA-WREB-CITA, any documented changes to the manual(s), and for reviewing and understanding all other material provided by the CDCA-WREB-CITA regarding the exams administered. If any questions arise during the registration process, candidates are responsible for communicating their questions to the CDCA-WREB-CITA staff through "***Contact Us."*** Questions MUST be submitted in writing.

To be successful, candidates must review and master the guidelines provided by this manual and CDCA-WREB-CITA. Otherwise, the candidate's ability to efficiently and effectively take the ADEX dental examination may be affected and may subsequently result in dismissal from and/or failure of one or more examination procedures.

During the online registration process, candidates are required to create a unique profile that contains all relevant contact information. Candidates must maintain a current email and physical mailing address in their online candidate profiles. This is the only way to ensure that there will be a timely receipt of important materials from the CDCA-WREB-CITA. See the *Registration and DSE OSCE Manual* for details on how to complete the registration process.

The CDCA-CITA-WREB has a blanket Malpractice Insurance policy that covers all dental candidates and their assistants for all ADEX examinations. Therefore, candidates and/or their assistants are not required to obtain additional limited liability insurance.

The CDCA-WREB-CITA reserves the right to cancel or reschedule any examination in the event of an emergency or other unforeseen circumstance that is beyond the CDCA- WREB- CITA's control. The CDCA-WREB-CITA would either refund those candidates' application fees or reassign candidates to the next available examination site or reschedule the examination at the earliest possible date.

Every effort has been made to ensure that this manual is accurate, comprehensive, clear, and up-to-date. In the rare instances when examination-related instructions need to be updated or clarified during the examination year those changes will be communicated to the candidates by the CDCA-WREB-CITA. There may also be other test-related material sent to candidates. These materials will be available through their online candidate profiles and/or at registration on the day of the exam.

Please see the *Registration and DSE OSCE Manual* for step-by-step instructions on how to register for the ADEX clinical dental exam through the CDCA-WREB-CITA, as well as guidance regarding the DSE OSCE registration and content. See the *ADEX Dental Exam Series: Fixed Prosthodontics and Endodontics Manual* for details regarding those procedures.

# I. EXAMINATION OVERVIEW

- Available Exam Formats
- Exam Parts
- Examination Schedule Guidelines
- Scoring System Overview

## A. Exam Formats

The Curriculum Integrated Format (CIF) is the pre-graduation format of the ADEX Dental Examination Series for dental students of record. The Traditional Format examinations are identical in content, criteria, and scoring. The major difference between the formats is in the sequencing of examination sections.

1. Curriculum Integrated Format (CIF): examination parts are administered over the course of an eligible dental student's D3 or D4 (or final) year. Typically, the endodontics and prosthodontics procedures are administered separately, usually months or weeks apart from the restorative and periodontal procedures.
2. Patient-Centered CIF (PC-CIF): Similar to the CIF format described above, the PC-CIF format is more individually tailored to each student's readiness and is integrated within the framework of a student's faculty-approved, treatment-planned school clinic caseload. In this format, patients leave with a definitive restoration provided by or under the supervision of the faculty, if treatment is not completed during the examination. Candidates participating in the PC-CIF format challenge all procedures in their home school clinic. Candidates register for all exam parts at the same time before challenging the endodontic and prosthodontic procedures.
3. Traditional Format: the endodontics and prosthodontics sections and the restorative and periodontal examination sections are administered in their entirety at each site over two consecutive days. The Traditional Format is available several times each year. D4 (or final year) dental students as well as candidates who have already graduated from dental school are eligible for the Traditional Format.

## B. Restorative Exam Parts

The Restorative Examination may be given on a patient or a simulated- patient. They are conducted in a dental school clinical setting and are offered on the same day.

The **Restorative Examination** includes two procedures that are evaluated independently of each other: Anterior Restoration and Posterior Restoration. Evaluations are made in each case for diagnosis, preparation of the lesion, restoration of the prepared tooth, and treatment management.

- The Anterior Restoration consists of the diagnosis, preparation, and restoration of a Class III carious lesion
- The Posterior Restoration consists of the diagnosis, preparation, and restoration of Class II carious lesion
- Candidate performance is evaluated separately for each procedure

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## C. Examination Schedule Guidelines

### *1. Dates and Sites*

Specific examination dates for a participating dental school can be found on the CDCA- WREB-CITA website. Please refer to the *Registration and DSE OSCE Manual* for specific policies and administrative guidelines.

The CDCA-WREB-CITA administers the Restorative examination parts at various dental schools on specified dates as determined by the dean or other official representative of the dental school and agreed upon by CDCA-WREB-CITA

In the event there are extenuating circumstances such as weather, acts of God, or other unforeseen circumstances which may impact or alter the schedule and administration of the examination(s), the CDCA-WREB-CITA will make every attempt to contact candidates with updated information.

### *2. Time Allotment on Exam Day:*

- **SEVEN HOURS – two procedures**
- **THREE AND A HALF HOURS – one procedure**

### *3. Timely Arrival*

Candidates are responsible for determining their travel and time schedules to ensure they can meet all of the CDCA-WREB-CITA's time requirements. All candidates are expected to arrive at the examination site at their designated time, which will be communicated to them via their online candidate profiles. Failure to follow this guideline may result in not being permitted to start the examination.

Candidates will be informed in their online candidate profiles as to the date on which they are to challenge each part of the examination. Examination schedules are not finalized until after the examination application deadline. Candidates should note the specific time restraints for the examination procedures listed above. All procedures for each examination must be completed within the allotted time. If you do not meet the timeline requirements, you may be penalized due to a violation of exam standards.

## D. Scoring System Overview

Evaluations are made in a "triple-blind" manner at specified steps as a candidate progresses through each exam procedure. Three examiners must independently evaluate each presentation of candidate performance and enter their evaluations electronically. Each examiner is unable to see the evaluations of the other two examiners for any procedure presentation, and examiners are prohibited from discussing their evaluations during the examination. Examiners are randomly assigned by the electronic system so that the same three examiners do not repeatedly examine the same preparations or restorations.

Evaluations are made according to defined criteria. The candidate's performance level is electronically computed for each item evaluated, based on the entries of the three examiners, and by this method, the candidate's overall score is computed for each procedure. The three category levels may be generally described as:

- ***ACC:*** The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge, and skill.
- ***SUB:*** The treatment s of marginal quality, demonstrating less than expected clinical judgment.*
- ***DEF:*** The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment knowledge, and skill.

**To pass the ADEX Dental Examination, you must score 75 or higher on all procedures. State statutes have set 75 as the minimum passing score and the CDCA is not permitted to round up or accept any score less than 75.**

Based on the level at which a criterion is rated by at least two of the three examiners, points will be awarded to the candidate. If none of the three examiners' ratings are in agreement, the median score is assigned. However, if a criterion is assigned a rating of critically deficient by two or more examiners, no points are awarded for that procedure, and the candidate will fail that procedure.

Any critically deficient performance will result in the removal of the tooth which will be replaced with a virgin tooth, before being returned to the candidate

## 1. *Restorative Examination Content*

| **Anterior Restoration** | |
|---|---|
| Anterior (Class III) Composite Preparation | 9 Criteria |
| Anterior (Class III) Composite Restoration | 6 Criteria |
| **Posterior Restoration** | |
| Posterior (Class II) Amalgam Preparation | 13 Criteria |
| Posterior (Class II) Amalgam Finished Restoration | 6 Criteria |
| Posterior (Class II) Composite Preparation | 13 Criteria |
| Posterior (Class II) Composite Finished Restoration | 7 Criteria |

***Restorative Clinical Examination – 100 points per procedure***

| **RESTORATIVE CONTENT** |
|---|
| Anterior restoration (100 points)<br>Class III composite – cavity preparation and restoration<br><br>Posterior restoration (100 points)<br>Candidate's choice of either:<br>• Class II Amalgam – cavity preparation and restoration<br>• Class II Composite – cavity preparation and restoration |

# II. ADMINISTRATIVE PROTOCOLS

- Infection Control Guidelines
- Pre-ExamPreparation
- Exam Flow and Exam Timelines
- Candidate Professional Conduct

## A. Infection Control Guidelines

All candidates must comply with and follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention once the examination treatment time officially begins. Infection control procedure compliance begins with the initial set-up of the unit, continues throughout the clinical examination procedures, and includes the final clean-up of the operatory. It is the candidate's responsibility to fully comply with these procedures, as failure to do so will result in a loss of points, and any violation that could lead to direct patient harm will result in failure of the examination.

As much as possible, dental professionals must help prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients must be treated as if they are, in fact, contagious. The use of barrier techniques, disposables whenever possible, and proper disinfection and sterilization procedures are essential. Candidates must adhere to the following infection control guidelines:

### *1. Barrier protection*

- Gloves must be worn while setting up or performing any intra-oral procedures and when cleaning up after any treatment; if rips or tears occur, don new gloves; do not wear gloves outside the operatory
- Wash and dry hands between procedures and whenever gloves are changed; do not wear hand jewelry that can tear or puncture gloves
- Wear clean, long-sleeved, closed-neck uniforms, gowns, or laboratory coats, and change them if they become visibly soiled; remove gowns or laboratory coats before leaving the clinic area at any point; wear facemasks and protective eyewear during all procedures in which splashing of any body fluids that could occur during actual patient care; discard masks after each patient (or sooner if the masks become damp or soiled)
- Do not wear sandals or open-toed shoes
- Cover surfaces that may become contaminated with impervious-backed paper, aluminum foil, or plastic wrap; remove these coverings (while gloved), discard them, and replace them between procedures (after removing gloves)

**Although masks and protective eyewear are mandatory for a simulated patient exam, the Chief of the Exam may waive the use of gowns or operatory barriers.**

**The school's requirements for PPE will be followed and will be communicated to the candidate if it varies from the protocols in this manual.**

### *2. Sterilization and Disinfection*

- Once treatment begins, if an instrument becomes contaminated, a CFE should be informed. They will ask how you would proceed if this were a patient exam, and you may then proceed with treatment without the need to replace that instrument.
- If not barrier-wrapped, surfaces and countertops must be pre-cleaned and disinfected with a site-approved tuberculocidal hospital-level disinfectant
- Used sharps are to be placed in a spill-proof, puncture-resistant container
- All waste and disposable items that may be considered potentially infectious shall be disposed of per federal, state, and local regulations

### *3. Exposure to blood-borne pathogens*

An exposure incident is defined as contact with blood or other potentially infectious materials (PIMS) through:

- Needlestick, sharp, or other percutaneous exposure
- Non-intact skin exposure, such as an open cut, burn, or abrasion
- Contact with a mucous membrane(e.g., inside nose, eye, or mouth)

Since the maximum benefit of therapy is most likely to occur with prompt treatment, the following policy has been established:

- Immediately following the exposure incident, puncture wounds or other percutaneous exposures should be cleaned with soap and water; mucous membranes exposed to blood or other PIMS should be extensively rinsed with water or sterile saline
- All percutaneous exposures and other exposures to blood and PIMS should be reported immediately to the Chief Examiner so that appropriate measures can be initiated, and the exposure incident documented
- Post-exposure prophylactic treatment should be initiated at the examination site following the testing site's policies on potentially infective exposures
- At the completion of all clinical examinations performed in operatories, it is the responsibility of candidates to clean the operatory thoroughly utilizing accepted infection control procedures

## B. Pre-exam preparation

### *1. Before the Exam: Candidate Q&A Session*

Typically held in the afternoon or evening on the day preceding the first examination day at each site, a candidate Question-and-Answer session will be led by the Chief Examiner. This session is only for candidates and is designed to give candidates site-specific information that is relevant to the administration of the exam and answer any questions the candidates may have. Candidates should be familiar with all online resources and manuals before this meeting to get the most benefit from this session. This session will be virtual or in person, as coordinated between the host site and the Chief Examiner. Candidates will be informed of the time and format of the session by the site coordinator or by CDCA-WREB-CITA staff.

## C. Exam Day: Professional Conduct

The integrity of the examination process depends on fairness, accuracy, and consistency. Standards are required to ensure that these principles are adhered to by examiners and candidates. Penalties are imposed for violations of such examination guidelines and the penalties are proportional to the seriousness of the violation. Minor violations may result in a warning or reminder or may result in a deduction of points from the candidate's final score. Repeated minor violations result in greater point deductions. Serious violations may result in failure of an examination, or the most serious cases, failure of the entire examination series.

Candidates are required to adhere to these standards of conduct while participating in all sections of the ADEX Dental Examination Series.

a. **Submission of examination records**: All required records must be turned in before the examination is considered complete. If all required documentation and materials are not turned in at the end of the examination, the examination may be considered incomplete.

b. **Registered/assigned procedures:** Only the treatment and/or procedures for which a candidate has registered, paid for, and been assigned on the specified examination date may be performed. Performing other treatments or procedures may result in the termination of the examination.

c. **Professional Misconduct:** Professional misconduct is a most serious violation of examination guidelines. Substantiated evidence of professional misconduct (see examples below) during the examination will result in the automatic failure of the entire examination series. In addition, there will be no refund of fees and the candidate may not be allowed to reapply for re-examination for one (1) year from the time of the infraction.

   Professional misconduct includes, but is not limited to:

   - Falsification or intentional misrepresentation of registration requirements
   - Demonstrating a complete disregard for the oral structures or welfare of the patient
   - Misappropriation of equipment(theft)
   - Receiving unauthorized assistance
   - Alteration of examination recordsand/or radiographs
   - Rude, abusive, uncooperative, or disruptive behavior toward patients, examiners, or other candidates
   - Use of electronic equipment, including recording devices and/or cameras

## D. Exam Flow & Exam Timelines

**Candidates are responsible for time management.**

### *1. CANDIDATE ENTRY*

Once authorized to enter, proceed to your assigned cubicle (cubicle assignments are usually posted in the clinic floor area, or you may see a CFE for help). Once you arrive at your cubicle you may begin setting up your cubicle

### *2. CANDIDATE CHECK-IN*

At 7:15 AM (or when instructed) candidates will check in for the distribution of examination materials

Candidates present a school or government-issued Photo ID and receive a typodont, a sheet of ID labels, and a white envelope containing forms to be used during the exam.

The labels received will consist of 2 photo ID labels as well as labels with candidate ID numbers. A photo ID label must be placed on your outermost garment and worn at all times during the exam.


Your candidate ID number (5 or 6-digits) will be used throughout the examination process to identify you, your workspace, your forms, radiographs, instrument packs (if using your instruments), all electronic data entry pertaining to you, your typodont, and track your progress through the examination, when scoring evaluations of your performance, and when reporting your score

The forms contained in the white envelope include:

- Cubicle Card
- Anterior Restorative Progress Form
- Anterior Restorative Modification Request Form
- Posterior Restorative Progress Form
- Posterior Restorative Modification Request Form

### *3. SET-UP*

Once you return to your cubicle, place your Candidate ID label with your picture on your outermost garment.

Place an ID label in the designated areas on the:

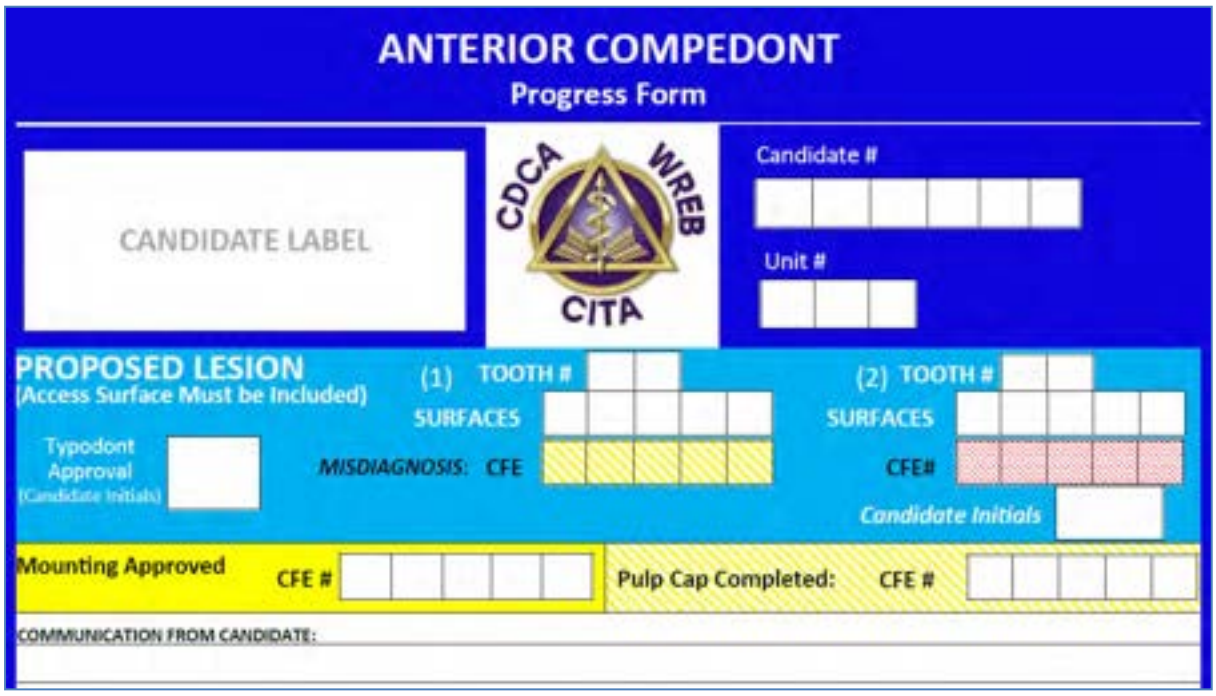
- Typodont box
- Anterior Progress Form
- Anterior Modification Request Form
- Posterior Progress Form
- Posterior Modification Request Form
- Cubicle Cards
  - You will receive 2 cubicle cards. Place an ID label in the designated space and fill in your assigned cubicle number and your Candidate ID Number in the designated space. Separate the 2 cards and tape one card in a prominent location in your cubicle. The other cubicle card will accompany your typodont back and forth to the Evaluation Station
- Mount your typodont

## 4. *CLINICAL FLOOR EXAMINERS (CFE)*

During the set-up period, a CFE will stop by your cubicle

The CFE will provide an anterior image and a posterior image.

- There is one carious lesion present in each image, You will be asked to diagnose the lesion in each image and place that information in the appropriate area on the progress form. You will be asked to diagnose the lesion in each image and place that information in the appropriate area on the progress form.




The CFE will review your diagnosis by reviewing your progress form. If you have misdiagnosed a lesson, you will be given a second attempt to diagnose it appropriately. If the second diagnosis is correct you will be allowed to proceed. However, if you misdiagnose a second time you will not be able to challenge that procedure during this exam session. This second misdiagnosis will not count as a failure but will prohibit you from challenging that procedure. If this second misdiagnosis were to occur you will still be allowed to challenge the procedure which was diagnosed correctly.

TheCFEwillcheck your mounting and willplace candidate labels on both arches.

The CFE will ask you which procedure you will be challenging first and will check you in on the tablet.

Though you have been checked in for the procedure you will be challenging first, you may not begin the examination until 8:00 AM or as directed by the Chief. No intraoral procedures may be started until you are permitted to start the examination.

Throughout the exam day, CFEs will be available on the clinic floor to help candidates navigate through the examination process. CFEs are the first point of contact for candidates when they have questions. CFEs are, however, also responsible for monitoring the examination.

They may impose penalties for violations of examination guidelines (i.e.: infection control violations, improper patient management, use of prohibited electronic devices, etc

The CFE should be called any time you need to send your typodont to the Evaluation Station they will check your paperwork and proceed as indicated. When your typodont returns from the Evaluation Station the CFEs will review their findings.

## 5. *HOW LONG WILL MY COMPEDONT™ BE IN THE EVALUATION STATION?*

CompeDont™ will be in the Evaluation Station for an ***average* of 30 minutes** for each visit.

## 6. *COMMUNICATION FROM EXAMINERS*

Sometimes, when the CompeDont™ returns from the Evaluation Station, an *Instructions to Candidate Form* will accompany it. This form is a means of communication between the examiners and the candidates, and it does not necessarily indicate that a penalty has been applied. Before proceeding to the next step of treatment, the candidate must review the *Instructions to Candidate Form* with a CFE, sign the form as an indication of understanding the instructions, and, before continuing, the candidate must make the necessary corrections following the instructions on the form.

## 7. *EXAMINATION TIMELINES*

| TIME | TWO PROCEDURES – 7 HOURS |
|---|---|
| 6:00 AM | Candidates may enter the building |
| 6:30 AM | SET-UP: candidates may enter the clinic, set up their cubicles |
| 8:00 AM | **EXAM BEGINS** |
| 2:00 PM | Compedont must be in line for Prep Evaluation |
| 3:00 PM | **EXAM ENDS** Procedures must be checked in for an evaluation |

| TIME | ONE PROCEDURE – 3.5 HOURS |
|---|---|
| 6:00 AM | Candidates may enter the building |
| 6:30 AM | SET-UP: candidates may enter the clinic, set up their cubicles |
| 8:00 AM | **EXAM BEGINS** |
| 10:30 AM | Compedont must be in line for Prep Evaluation |
| 11:30 AM | **EXAM ENDS** Procedures must be checked in for an evaluation |

# III. RESTORATIVE PROCEDURES

- Procedures Overview
- Cavity Preparation Procedures (Modification Requests & Pulpal Exposures)
- Cavity Preparation and Evaluation of Preparation
- Final Restoration & Evaluation of Restoration
- Check-out Procedures
- **Examination Forms**

## A. ***Restorative Procedures Overview***

Note: If you're attempting both Anterior and Posterior procedures, the second restorative preparation may not be started until the first restorative restorative procedure has been graded. (that is, after the completed restoration has been evaluated and any required modifications have been completed by the candidate and approved by a CFE).

Candidates must submit the following each time their procedure is evaluated:

- Cubicle card
- Progress Form
- Modification Request Form (as indicated)

**DENTAL ASSISTANTS ARE NOT PERMITTED FOR THE SIMULATED PATIENT RESTORATIVE EXAMINATION**

## B. ***Cavity Preparation and Evaluation of Preparation***

### 1. *Cavity Preparation – General Administrative Flow*

- Once the CFE has approved the candidate's CompeDont™ mounting, diagnosis, and paperwork the candidate may begin treatment as long as it is after 8:00 AM or the official start time for the examination.

- If a candidate wishes to submit a modification request, or if a pulpal exposure occurs/is suspected during the cavity preparation process, a CFE should be contacted immediately (also, see Modification Request and Pulpal Exposure procedures below). When cavity preparation has been completed to the candidate's satisfaction, the candidate should check in with a CFE and their CompeDont™ will be transported to the Evaluation Station for evaluation of the prepared cavity. All required paperwork, instruments, and materials must accompany

### 2. *Preparation Guidelines*

- **BITE BLOCKS:** may be used during treatment, but must be removed before sending the patient to the Evaluation Station

- **CARIES INDICATOR:** Although caries detection dyes are used to identify dentin infected with cariogenic bacteria these dyes don't stain the bacteria in the lesion. Rather, the propylene glycol penetrates areas of dentin with loose collagen fibers This causes the caries detection solution to stain degraded collagen rather than bacteria

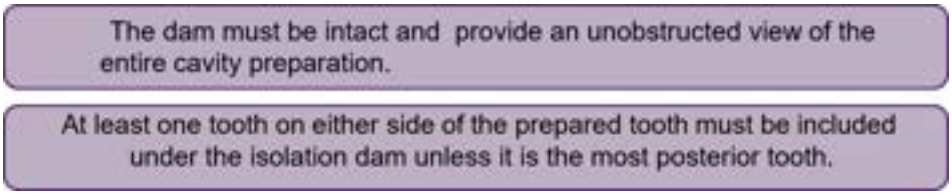
- **ISOLATION DAM:** An isolation dam is required for all procedures

    - An isolation dam must be placed before starting the preparation and must be used until the restoration is completed

    - An isolation dam must be in place whenever the preparation is sent to the Evaluation Station

- If the rubber dam becomes dislodged in transit to or from the Evaluation Station, the candidate must replace the rubber dam before rendering any further treatment
- The isolation dam must be removed for evaluation of the finished restoration

- **INSTRUMENTS REQUIRED FOR EVALUATION INCLUDE:**
  - Sharp explorer
  - Periodontal probe with millimeter markings




## C. ***Modification Requests***

The criteria established by ADEX for the evaluation of cavity preparations in the restorative exam are based on the candidate's preparation of an acceptable cavity design. In the situation where the candidate contemplates that extension of the cavity preparation beyond an acceptable range is necessary for the complete removal of caries, the candidate should first prepare the cavity to an acceptable form as defined by criteria measurements and then submit a modification request to the Evaluation Station **BEFORE** extending the cavity preparation beyond the acceptable maximum in any dimension.

The *Modification Request Form* utilized to communicate with the Evaluation Station must be completed in its entirety. The candidate must place a candidate ID label in the "Candidate Identification" box on the *Modification Request Form*. On the form, the candidate must denote whether this is the first or a subsequent modification request and whether it is for the anterior or posterior procedure. The modification request must be specific and also denote:

1. "What" modification - Will it be made to the Internal or External Form?
2. "Where" the modification of the preparation from ideal will occur,
3. "Why" the modification from beyond the limits of acceptable is required, ( i.e. caries, undermined enamel )
4. "How Much" modification from beyond the limits acceptable will occur (e.g. 0.5mm—1.0 mm)

If the *Modification Request Form* is not properly completed in its entirety, it will be returned to the candidate for completion and a penalty will be assessed.

**The candidate must take the preparation to acceptable dimensions before submission of a modification request**. The candidate will attest that the preparation is to acceptable dimensions by initialing the appropriate box on the Modification Request Form. If the preparation is not taken to the **minimum** acceptable dimensions form and a modification request is submitted to the Evaluation Station, the modification request will be denied and the *Modification Request*

*Form* will be returned to the candidate with instructions that “cavity preparation must be taken to **minimum** acceptable dimensions before submission of a modification request.” A penalty will be assessed to the candidate at this time if multiple requests are made when the preparation has not been taken to the minimum acceptable dimensions.

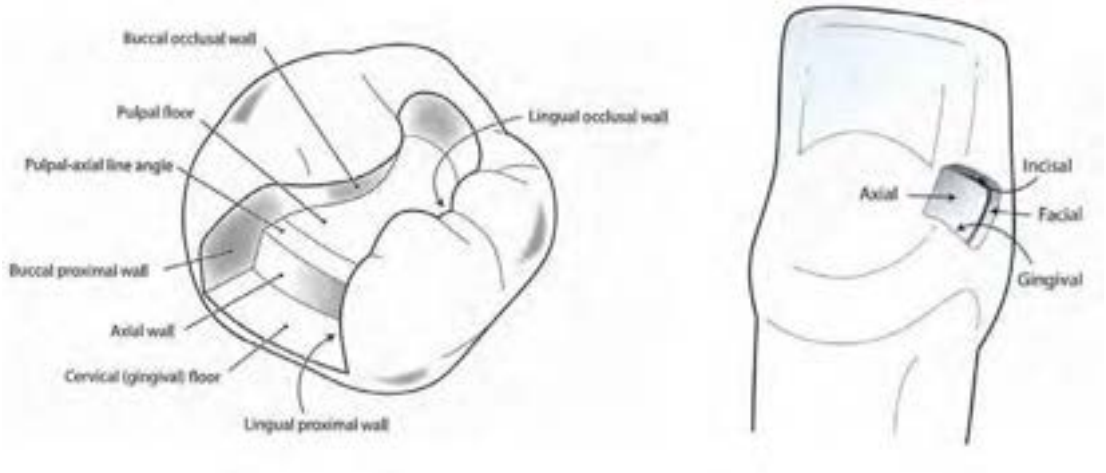
Should a typodont be presented for a modification request and the candidate's performance or the nature of the modification request demonstrates a lack of clinical judgment, and critical thinking and/or demonstrates a disregard for patient welfare, the candidate’s participation in the examination may be terminated. An example of this would be when a candidate has already over-prepared an area and then asked for the modification to be granted.

Candidates must be aware that unjustified modification requests will result in a penalty points deduction. Candidates also need to be aware that they will not be informed of these penalties during the exam. Modification requests are intended to provide a process whereby the candidate can inform the examiners of justified preparation modifications caused by caries, decalcification, or compromised tooth structure. Modification requests are not intended to provide an opportunity for candidates to ask examiners to justify their proposed modifications.

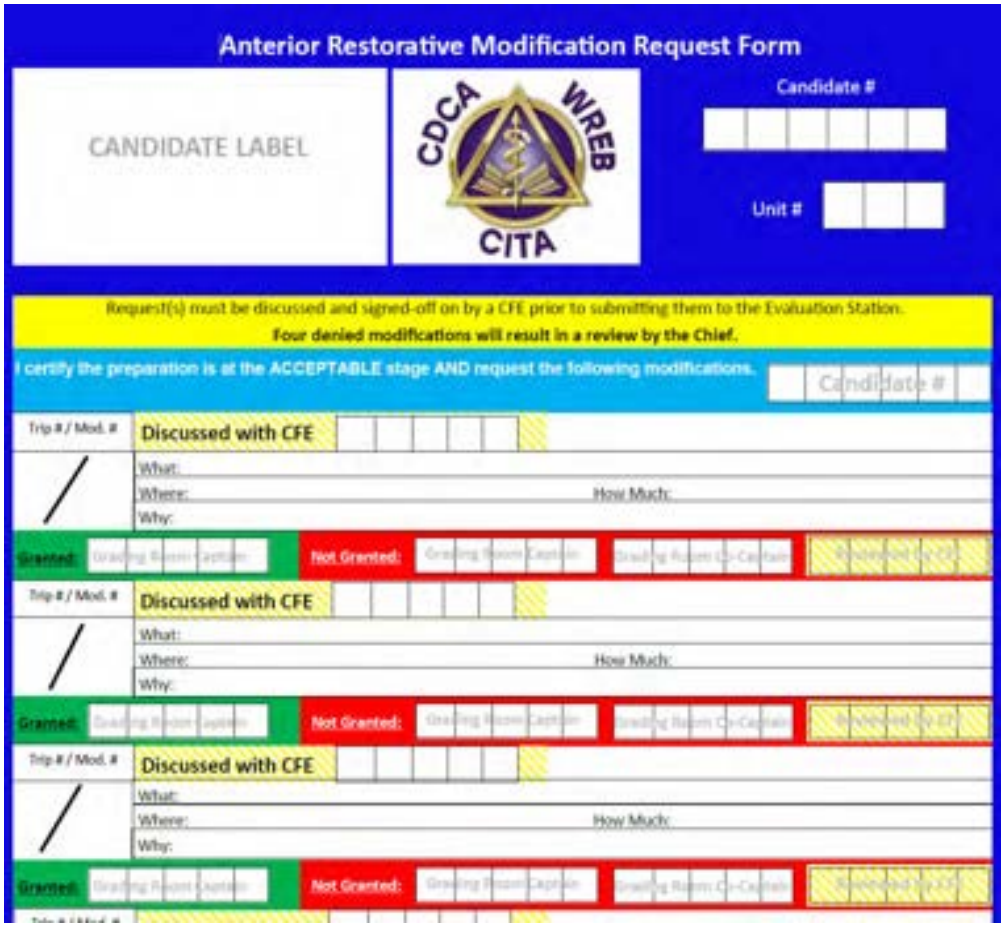
**Four (4) unique modification request denials will result in a review for possible exam termination by the Exam Chief.**

**Caries, as defined for the Restorative Examination, is penetrable with a sharp explorer using light pressure, exhibiting “tug-back.”**

## a. Terminology to be used when requesting a modification:




## b. Modification Request Form:



## D. ***Denial of Modification Requests***

- A request for modification may be denied based on any one of the parts of the request. For example, if a request to "extend the box to the lingual 2 mm to remove caries" is denied, the candidate should not assume that the request was denied because there are no caries. The denial may be because the request to remove 2 mm is excessive.
- Inappropriate requests for modification will result in a point deduction for each request. A significant penalty will be assigned for:
  - requests for modification for removal of caries or decalcification when no caries or decalcification exists
  - repeated modification requests for the same unjustified modification

**If a candidate extends a preparation beyond the dimensions requested and approved, the completed preparation will be evaluated as over-extended.**

Generally speaking, exposure to dental pulp should not occur during this examination. A candidate should be able to recognize, during caries excavation, those instances in which a potential for exposure exists. In those cases, the examination requires the candidate to take the following measures:

## E. ***Request for an INDIRECT Pulp Cap***

For patient protection, all caries and explorer penetrable decalcified enamel will be removed before placement of the final restoration. If the removal of remaining caries will result in pulp exposure, the candidate may request treating the tooth with an indirect pulp cap. The procedure is as follows:

**Before a request for an indirect pulp cap**, at least one modification request to remove caries must have been granted and completed by the candidate. To request treatment of the tooth by an indirect pulp cap, the candidate must have removed all caries other than that directly over the pulp, and there must be no need for further preparation/modification. The candidate must also be able to determine that there is only approximately 0.5 mm of tooth structure beneath remaining caries before the exposure may occur and/or clinical evidence of pulpal blushing.

- All caries, except in the area of possible pulp exposure, must be removed.
- An *Indirect Pulp Cap Request Form* is used to request the procedure
- The form will include:
  - "What"- Indirect pulp cap with (name of material)
  - "Where"- Indicate location accurately
  - "Why" - Exposure will occur by removing remaining caries

No other modification request should be included with this request. The request will be granted or denied by examiners at the Express Chair. The following are the next steps:

1. If the request is granted, the candidate will proceed with the indirect pulp cap and placement of the appropriate material under the supervision of the CFE. Unsatisfactory placement of the indirect pulp cap, as determined by the CFE, will be evaluated at the Express Chair.

2. If the request is not granted, penalties may be assessed, and the candidate will be notified of such and how to proceed. The preparation will be sent directly for preparation evaluation.

**No further treatment of the tooth preparation is allowed after the placement of the indirect pulp cap. After approval of the indirect pulp cap, the patient is sent to the Evaluation Station for final evaluation of the preparation**

## *F. Request for a DIRECT Pulp Cap*

1. Immediately inform the CFE who will provide a Pulp Cap Request Form, which should be filled out in its entirety. Once the form is completed the CFE will review your notations.
2. CompeDont™ must be sent to the express chair **with an isolation dam in place**, with all proper paperwork, the correct required instruments, and any additional required materials.

- At the express chair, examiners will examine the CompeDont™. Based on their findings, examiners will evaluate the following:
- The pulp exposure was recognized by the candidate, justified by the clinical findings, and judged to be treatable by direct pulp capping
- An isolation dam was in place when the exposure occurred
- A previous *Modification Request Form* indicates that the candidate had the approval to extend the preparation
- The candidate did not exceed the dimensional limits of the approved modification request(s)
- Damage to the pulp is slight and does not preclude the possibility of successful pulp capping
- The candidate's proposed treatment is appropriate

**If the above statements are true:** a pulp cap must be placed and must be examined and approved by a CFE before sending the CompeDont™ to the evaluation station for evaluation of the preparation.

## *G. UNRECOGNIZED EXPOSURE*

If examiners in the Evaluation Station find a pulp exposure either when evaluating a modification request or when evaluating a completed preparation, the procedure is terminated for that candidate and the candidate will receive no points for that procedure. The Chief Examiner and a CFE will inform the candidate and the candidate will receive an *Instruction to Candidate* Form

## *H. Restoration Placement*

If the CFE bringing the CompeDont™ back from the Evaluation Station gives the authorization to continue, confirms the preparation has been graded, and no *Instructions to Candidate Form* has been received, the candidate may immediately proceed to place the restoration. An isolation dam must be in place during the placement of restorative materials.

## *I. Restoration Evaluation*

After the isolation dam is removed and the restoration has been adjusted for occlusion, the CompeDont™ may be sent with all required paperwork and instruments, to the Evaluation Station for evaluation of the completed restoration. Once grading is completed, the CompeDont™ is returned to the candidate. The candidate may start another procedure that was scheduled, after first checking out from the completed procedure and checking in for the next procedure with the CFE.

The Class II amalgam restoration must be sufficiently set to allow a check of the occlusion.

Composite restorations must be presented without surface glaze or sealer on the restoration.

## *J. Restorative Evaluation Check-out Procedures*

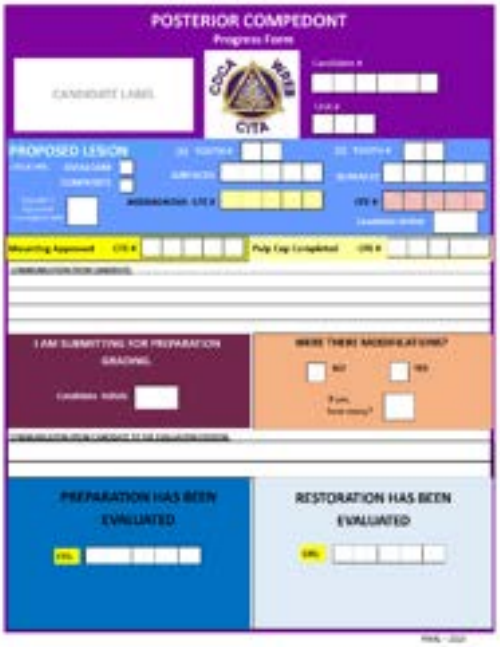
Candidates should consolidate all required paperwork and materials into the provided white envelope, then proceed to the designated check-out station to complete the check-out process.

- Completed *Progress Form(s)* and all paperwork received during the exam
- Modification Request Forms
- Radiographs
- Cubicle Cards
- Properly labeled CompeDont™ in the typodont box

**RESTORATIVE EXAM FORMS**

Below find copies of the examination forms you will receive  in your white envelopes, or will be distributed as needed, during the exam day.

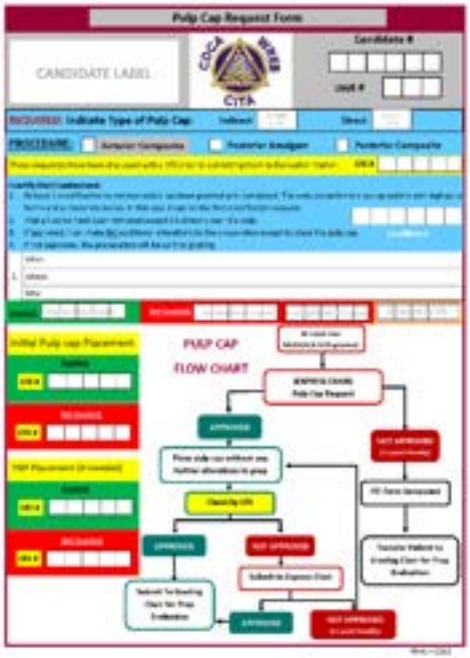
PROGRESS FORMS


MODIFICATION REQUEST FORMS



PULP CAP REQUEST FORM



# IV. 2023 CRITERIA FOR RESTORATIVE PROCEDURES

- Anterior Composite Preparation
- Anterior Composite Restoration
- Posterior Amalgam Preparation
- Posterior Amalgam Restoration
- Posterior Composite Preparation
- Posterior Composite Restoration

# PREPARATION: *ANTERIOR COMPOSITE*

Tooth #: _____

| M | D | F | L |
|---|---|---|---|

| CRITICAL ERRORS | | |
|---|---|---|
| Wrong tooth/surface treated | No | Yes |
| Unrecognized exposure | No | Yes |

ACC= Adheres to Criteria SUB= Marginally Substandard DEF= Critically Deficient

| EXTERNAL OUTLINE FORM | |
|---|---|
| **Outline Extension** | |
| ACC | The wall opposite the access, if broken, may extend < 1.0 mm beyond the contact area. The outline form may be over-extended mesiodistally 0.5 mm to ≤ 1.0 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The outline form dimension is ≤ 3.0 mm incisal gingivally. |
| SUB | A. The outline form is over-extended mesiodistally > 1.0 mm but ≤ 1.5 mm beyond what is necessary for complete removal of caries and/or previous restorative material.<br>B. The incisal cavosurface margin is over-extended so that the integrity of the incisal angle is compromised.<br>C. The wall opposite the access opening extends > 1.0 mm but ≤ 2.0 mm beyond the contact area.<br>D. The outline form dimension is > 3.0 mm but ≤ 5.0 mm incisal gingivally. |
| DEF | A. The outline form is over-extended mesiodistally > 1.5 mm beyond necessary for complete removal of caries and/or previous restorative material.<br>B. The incisal angle is unnecessarily removed or fractured.<br>C. The wall opposite the access opening extends > 2.0 mm beyond the contact area.<br>D. The outline form dimension is > 5.0 mm incisal gingivally. |
| **Gingival Clearance** | |
| ACC | The gingival clearance is ≤ 1.0 mm. |
| SUB | The gingival clearance is > 1.0 mm but ≤ 2.0 mm. |
| DEF | The gingival clearance is > 2.0 mm. |
| **Margin Smoothness/Continuity/Bevels** | |
| ACC | The cavosurface margins may be slightly irregular. Enamel cavosurface margin bevels, if present, are ≤ 1.0 mm in width. |
| SUB | The cavosurface margin is rough and severely irregular. Enamel cavosurface margin bevels, if present, are > 1.0 mm in width, are not uniform, or are inappropriate for the size of the restoration. |
| **Sound Marginal Tooth Structure** | |
| ACC | There may be a small area of unsupported enamel which is not necessary to preserve facial aesthetics. There is no previous restorative material, excluding sealants, at the cavosurface margin. |
| SUB | The cavosurface margin does not terminate in sound natural tooth structure. |
| DEF | A. There is explorer-penetrable decalcification remaining on the cavosurface margin.<br>B. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics. |

## Preparation: *Anterior Composite* - continued

| | |
|---|---|
| **INTERNAL FORM** | |
| **Axial Walls** | |
| ACC | MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends ≤ 1.5 mm in depth from the DEJ.<br>MAX LATERALS & MAND INCISORS: The depth of the axial wall extends ≤ 1.0 mm in depth from the cavosurface margin. |
| SUB | MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends > 1.5 mm but ≤ 2.5 mm in depth from the DEJ.<br>MAX LATERALS & MAND INCISORS: The depth of the axial wall extends > 1.0 mm but ≤ 2.0 mm in depth from the cavosurface margin. |
| DEF | MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends > 2.5 mm in depth from the DEJ.<br>MAX LATERALS & MAND INCISORS: The depth of the axial wall extends > 2.0 mm beyond the cavosurface margin. |
| **Internal Retention** | |
| ACC | If used, rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DEJ as dictated by cavity form. Retention is tactilely and visually present. |
| SUB | When used, retention is excessive and undermines enamel, or jeopardizes the incisal angle, or encroaches on the pulp. |
| **Caries/Remaining Material** | |
| ACC | All carious tooth structure and/or previous restorative material are removed. |
| DEF | A. Caries has not been accessed and/or remains in the preparation.<br>B. Previous restorative material remains in the preparation. |
| **TREATMENT MANAGEMENT** | |
| **Adjacent Tooth Damage** | |
| ACC | Any 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 re-contouring that changes the shape and/or contour and/or contact. |
| DEF | There is gross damage to adjacent tooth/teeth which requires a restoration. |
| **Soft Tissue Damage** | |
| ACC | The soft tissue is free from damage or there is tissue damage that is consistent 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. |

# RESTORATION: *ANTERIOR COMPOSITE*

Tooth #: _____

| M | D | F | L |
|---|---|---|---|

| CRITICAL ERRORS | | |
|---|---|---|
| The restoration is debonded and/or movable in the preparation .... | No | Yes |
| The restoration is fractured ..... | No | Yes |

ACC= Adheres to Criteria SUB= Marginally Substandard DEF= Critically Deficient

| MARGIN INTEGRITY AND SURFACE FINISH | |
|---|---|
| **Margin Excess/Deficiency** | |
| ACC | A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin.<br>B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. |
| SUB | A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.<br>B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm. There is flash with or without contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing. |
| DEF | A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the teeth.<br>B. There is a margin excess (excluding bonding agent or unfilled resin) of > 1.0 mm. |
| **Adjacent Tooth Structure** | |
| ACC | There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty) |
| DEF | There is gross enameloplasty. |
| **CONTOUR, CONTACT, AND OCCLUSION** | |
| **Interproximal Contact** | |
| ACC | Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but may demonstrate little resistance to dental floss. |
| DEF | A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.<br>B. The interproximal contact will not allow floss to pass. |
| **Centric/Excursive Contacts** | |
| ACC | When checked with articulating ribbon 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 paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment. |
| DEF | There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant. |

## Restoration: *Anterior Composite* - continued

| TREATMENT MANAGEMENT | |
|---|---|
| Adjacent Tooth Damage | |
| ACC | Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact. |
| DEF | There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure. |
| Soft Tissue Damage | |
| ACC | The soft tissue is free from damage, or there is tissue damage that is consistent 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. |

# PREPARATION: *POSTERIOR AMALGAM*

Tooth #: _____

| MO | DO | MOD |
|---|---|---|

| CRITICAL ERRORS | | |
|---|---|---|
| Wrong tooth/surface treated | No | Yes |
| Unrecognized exposure | No | Yes |

ACC= Adheres to Criteria SUB= Marginally Substandard DEF= Critically Deficient

| EXTERNAL OUTLINE FORM | |
|---|---|
| **Proximal Clearance** | |
| ACC | Contact is visibly open proximally, and proximal clearance at the height of contour extends ≤ 1.0 mm on either one or both proximal walls. |
| SUB | A. Proximal clearance at the height of contour is > 1.0 mm but ≤ 2.0 mm on either one or both proximal walls. |
| DEF | A. Proximal clearance at the height of contour is > 2.0 mm on either one or both proximal walls.<br>B. The walls of the proximal box are not visually open. |
| **Gingival Clearance** | |
| ACC | The gingival clearance is visually open but ≤ 1.0 mm. |
| SUB | A. The gingival clearance is > 1.0 mm but ≤ 2.0 mm. |
| DEF | A. The gingival clearance is > 2.0 mm.<br>B. Gingival contact is not visually open. |
| **Outline Shape/Continuity/Extension** | |
| ACC | The outline form includes all carious and non-coalesced fissures, and is smooth, rounded, and flowing. |
| SUB | The outline form is inappropriately over-extended so that it compromises the remaining marginal ridge and/or cusp(s). |
| DEF | The outline form is over-extended so that it compromises, undermines, and leaves unsupported the remaining marginal ridge to the extent that the pulpal-occlusal wall is unsupported by dentin, or the width of the marginal ridge is < 1.0 mm. |
| **Isthmus** | |
| ACC | The isthmus may be between 1.0 mm - 2.0 mm in width but is ≤ 1/3 the intercuspal width. |
| SUB | A. The isthmus is > 1/3 but ≤ 1/2 the intercuspal width. |
| DEF | A. The isthmus is > 1/2 the intercuspal width.<br>B. The isthmus is < 1.0 mm. |
| **Cavosurface Margin** | |
| ACC | The proximal cavosurface margin deviates from 90° but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel. |
| SUB | The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s). |
| **Sound Marginal Tooth Structure** | |
| ACC | The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. There is no degree of decalcification on the gingival margin. |
| SUB | The cavosurface margin does not terminate in sound natural tooth structure. |
| DEF | A. There is explorer-penetrable decalcification remaining on the cavosurface margin.<br>B. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics. |

| INTERNAL FORM | |
|---|---|
| **Axial Walls** | |
| ACC | MOLARS: The depth of the axial wall extends beyond the DEJ ≤ 1.5 mm.<br>PREMOLARS: The depth of the axial wall extends beyond the DEJ ≤ 1.0 mm. |
| SUB | MOLARS: The axial wall extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm.<br>PREMOLARS: The axial wall extends beyond the DEJ > 1.0 mm but ≤ 1.5 mm. |
| DEF | A. MOLARS: The axial wall extends beyond the DEJ > 2.5 mm.<br>A. PREMOLARS: The axial wall extends beyond the DEJ > 1.5 mm<br>B. MOLARS & PREMOLARS: The axial wall is entirely in enamel. |
| **Pulpal Floor** | |
| ACC | The pulpal floor depth extends beyond the DEJ ≤ 1.5 mm. |
| SUB | A. The pulpal floor extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm. |
| DEF | A. The pulpal floor extends beyond the DEJ > 2.5 mm.<br>B. The pulpal floor is entirely in enamel. |
| **Caries/Remaining Material** | |
| ACC | All caries and/or previous restorative material are removed. |
| DEF | A. Caries has not been accessed and/or remains in the preparation.<br>B. Previous restorative material remains in the preparation. |
| **Retention** | |
| ACC | Retention, when used, is well defined, in dentin, and does not undermine enamel. |
| SUB | Retention, when used, undermines the enamel or may compromise the tooth or restoration. |
| DEF | Retention, when used, grossly compromises the tooth or restoration. |
| **Proximal Box Walls** | |
| ACC | The walls of the proximal box are parallel, but appropriate internal retention is present. |
| SUB | The walls of the proximal box diverge occlusally which is likely to jeopardize the longevity of the tooth or restoration. |
| DEF | The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration. |
| **TREATMENT MANAGEMENT** | |
| **Adjacent Tooth Damage** | |
| ACC | Any 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 re-contouring that changes the shape and/or contour and/or contact. |
| DEF | There is gross damage to adjacent tooth/teeth which requires a restoration. |
| **Soft Tissue Damage** | |
| ACC | The soft tissue is free from damage or there is tissue damage that is consistent 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. |

# RESTORATION: *POSTERIOR AMALGAM*

Tooth #: _____

| MO | DO | MOD |
|---|---|---|

| CRITICAL ERRORS | | |
|---|---|---|
| The restoration is fractured..... | No | Yes |

ACC = Adheres to Criteria SUB= Marginally Substandard DEF= Critically Deficient

| | |
|---|---|
| **MARGIN INTEGRITY AND SURFACE FINISH** | |
| **Margin Excess/Deficiency** | |
| ACC | A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin.<br>B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. |
| SUB | A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.<br>B. EXCESS: Any marginal excess is detectable visually or with the tine of an explorer, and the discrepancy is > 0.5 mm but ≤ 1.0 mm. |
| DEF | A. There is evidence of marginal deficiency of > 0.5 mm which includes pits and voids at the cavosurface margin, and/or there is an open margin.<br>B. There is a marginal excess of > 1.0 mm. |
| **Adjacent Tooth Structure** | |
| ACC | There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty) |
| DEF | There is gross enameloplasty. |
| **CONTOUR, CONTACT, AND OCCLUSION** | |
| **Interproximal Contact** | |
| ACC | Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss. |
| DEF | A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.<br>B. The interproximal contact will not allow floss to pass. |
| **Centric/Excursive Contacts** | |
| ACC | When checked with articulating 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 paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment. |
| DEF | There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant. |

## Restoration: *Posterior Amalgam* - continued

| TREATMENT MANAGEMENT | |
|---|---|
| Adjacent Tooth Damage | |
| ACC | Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact. |
| DEF | There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure. |
| Soft Tissue Damage | |
| ACC | The soft tissue is free from damage or there is tissue damage that is consistent 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. |

# PREPARATION: *POSTERIOR COMPOSITE*

Tooth #: _____

| MO | DO | MOD |
|---|---|---|

| CRITICAL ERRORS | | |
|---|---|---|
| Wrong Tooth/Surface Treated | No | Yes |
| Unrecognized Exposure | No | Yes |

ACC = Adheres to Criteria SUB= Marginally Substandard DEF= Critically Deficient

| EXTERNAL OUTLINE FORM | |
|---|---|
| **Proximal Clearance** | |
| ACC | Proximal contact is either closed or visibly open, and, at the height of contour, proximal clearance may extend ≤ 1.0 mm beyond either one or both proximal walls. |
| SUB | Proximal clearance at the height of contour extends > 1.0 mm but ≤ 2.0 mm beyond either one or both proximal walls. |
| DEF | Proximal clearance at the height of contour extends > 2.0 mm beyond either one or both proximal walls. |
| **Gingival Clearance** | |
| ACC | The gingival clearance is visually open but ≤ 1.0 mm. |
| SUB | A. The gingival clearance is > 1.0 mm but ≤ 2.0 mm. |
| DEF | A. The gingival clearance is > 2.0 mm.<br>B. The gingival contact is not visually open. |
| **Outline Shape/Continuity/Extension** | |
| ACC | The outline form may be sharp and irregular. |
| SUB | A. The outline form is inappropriately over-extended, compromising the remaining marginal ridge and/or cusp(s). |
| DEF | A. The outline form is grossly over-extended, compromising and undermining the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin.<br>B. The width of the marginal ridge is ≤ 1.0 mm. |
| **Isthmus** | |
| ACC | The isthmus may be between 1.0 mm - 2.0 mm in width but ≤ 1/3 the intercuspal width. |
| SUB | The isthmus is > 1/3 the intercuspal width but ≤ 1/2 the intercuspal width. |
| DEF | The isthmus is > 1/2 the intercuspal width or the isthmus width is < 1.0 mm. |
| **Cavosurface Margin** | |
| ACC | The external cavosurface margin meets the enamel at 90°; The gingival floor is flat, smooth, and perpendicular to the long axis of the tooth. |
| SUB | The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s). |
| **Sound Marginal Tooth Structure** | |
| ACC | The cavosurface margin terminates in sound tooth structure. There is no previous restorative material, excluding sealants, at the cavosurface margin. |
| SUB | The cavosurface margin does not terminate in sound natural tooth structure. |
| DEF | A. There is explorer-penetrable decalcification remaining on the cavosurface margin.<br>B. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics. |

| INTERNAL FORM | |
|---|---|
| **Axial Walls** | |
| ACC | MOLARS: The depth of the axial wall extends beyond the DEJ ≤ 1.5 mm.<br>PREMOLARS: The depth of the axial wall extends beyond the DEJ ≤ 1.0 mm. |
| SUB | MOLARS: The axial wall extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm.<br>PREMOLARS: The axial wall extends beyond the DEJ > 1.0 mm but ≤ 1.5 mm. |
| DEF | A. MOLARS: The axial wall extends beyond the DEJ > 2.5 mm.<br>A. PREMOLARS: The axial wall extends beyond the DEJ > 1.5 mm<br>B. MOLARS & PREMOLARS: The axial wall is entirely in enamel. |
| **Pulpal Floor** | |
| ACC | The pulpal floor depth is ≥ 0.5 mm but ≤ 3.0 mm in all areas; there may be remaining enamel. |
| SUB | A. The pulpal floor depth is > 3.0 mm but ≤ 4.0 mm from the cavosurface margin. |
| DEF | A. The pulpal floor is > 4.0 mm from the cavosurface margin.<br>B. The pulpal floor depth is < 0.5 mm. |
| **Caries/Remaining Material** | |
| ACC | All caries and/or previous restorative material are removed. |
| DEF | A. Caries has not been accessed and/or remains in the preparation.<br>B. Previous restorative material remains in the preparation. |
| **Retention** | |
| ACC | Retention, when used, is well defined, in dentin, and does not undermine enamel. |
| SUB | Retention, when used, undermines the enamel. |
| **Proximal Box Walls** | |
| ACC | The proximal walls are parallel or convergent occlusally but may be slightly divergent and are not likely to jeopardize the longevity of the tooth or restoration. |
| SUB | The proximal walls are too divergent. |
| TREATMENT MANAGEMENT | |
| **Adjacent Tooth Damage** | |
| ACC | Any 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 re-contouring that changes the shape and/or contour and/or contact. |
| DEF | There is gross damage to adjacent tooth/teeth which requires a restoration. |
| **Soft Tissue Damage** | |
| ACC | The soft tissue is free from damage, or there is tissue damage that is consistent 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. |

# RESTORATION: *POSTERIOR COMPOSITE*

Tooth #: _____

| MO | DO | MOD |
|---|---|---|

| CRITICAL ERRORS | | |
|---|---|---|
| The restoration is fractured..... | No | Yes |

ACC= Adheres to Criteria SUB= Marginally Substandard DEF= Critically Deficient

| | |
|---|---|
| **MARGIN INTEGRITY AND SURFACE FINISH** | |
| **Margin Excess/Deficiency** | |
| ACC | A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin.<br>B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. |
| SUB | A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.<br>B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm. There is flash with or without contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing. |
| DEF | A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth.<br>B. There is a marginal excess (excluding bonding agent or unfilled resin) of > 1.0 mm. |
| **Adjacent Tooth Structure** | |
| ACC | There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. |
| DEF | There is gross enameloplasty. |
| **Bonding** | |
| ACC | The restoration is bonded to the prepared tooth structure. |
| DEF | The restoration is debonded and/or movable in the preparation. |
| **CONTOUR, CONTACT, AND OCCLUSION** | |
| **Interproximal Contact** | |
| ACC | Interproximal contact is visually closed, and the contact appears adequate in size, shape, or position, but may demonstrate little resistance to dental floss. |
| DEF | A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.<br>B. The interproximal contact will not allow floss to pass. |
| **Centric/Excursive Contacts** | |
| ACC | When checked with articulating 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 paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment. |
| DEF | There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant. |

## Restoration: *Posterior Composite* - continued

| TREATMENT MANAGEMENT | |
|---|---|
| Adjacent Tooth Damage | |
| ACC | Any minimal damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact. |
| DEF | There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure. |
| Soft Tissue Damage | |
| ACC | The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure. |
| DEF | There is gross iatrogenic damage to the soft tissue inconsistent with the procedure. |

## Penalties and Associated Point Values

| PENALTY | POINT DEDUCTION |
|---|---|
| Temporization or failure to complete an examination procedure | 100 |
| Violation of examination standards, rules or guidelines, or time schedule | 100 |
| Treatment of teeth other than those approved or assigned by examiners | 100 |
| Gross damage to adjacent tooth structure—teeth or tissue | 100 |
| Unrecognized exposure | 100 |
| Inappropriately managed pulpal exposure (mechanical or pathologic) | 100 |
| Unjustified mechanical exposure | 100 |
| Failure to complete treatment within the stated guidelines of the examination | 100 |
| Critical lack of clinical judgment/diagnostic skills | 100 |
| Unprofessional attitude, rude, inconsiderate/uncooperative with examiners or other personnel | 100 |
| Request to remove caries or decalcification without clinical justification | 16 |
| Pulp cap is inappropriately placed | 16 |
| Inappropriate request for indirect pulp cap | 16 |
| Indirect Pulp Cap denied | 16 |
| Poor simulated patient management | 11 |
| Initial preparation is not to at least acceptable dimensions | 11 |
| Repeated requests to modify/extend approved treatment plans without clinical justification | 11 |
| Unsatisfactory completion of modifications required by the examiner | 11 |
| Improper liner placement | 11 |
| Any denied modification request | 1 |
| Appearance: unprofessional, unkempt, unclean | 1 |
| Violation of universal precautions | 1 |
| Improper/incomplete recordkeeping | 1 |
| Inadequate isolation | 1 |
| Improper operator and/or simulated patient position | 1 |

# V. 2023 Restorative Exam Changes/Clarifications

**Outlined below are clarifications, updates, or changes to the ADEX Dental Examination for 2023.**

**Restorative:**

1. **Anterior Composite, Posterior Composite, and Posterior Amalgam Preparations:**
    a. **Sound Marginal Tooth Structure**
        - There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics and will be graded as Critically Deficient. This was previously graded as Marginally Substandard.
2. **Anterior Composite Preparation:**
    a. **Internal Form – Axial Wall**
        - For Maxillary Laterals and Mandibular Incisors: The Acceptable depth of the axial wall will be ≤1.0mm in depth from the cavosurface margin, versus ≤1.25mm.
3. **Posterior Composite and Posterior Amalgam Preparations:**
    a. **Internal Form – Axial Wall:** There will be different measurements for Premolar and Molar Axial Wall Depth
        - Premolar Axial wall Depth Criteria: NEW
            - Acceptable: The depth of the axial wall extends beyond the DEJ≤1mm.
            - Marginally Substandard: The axial wall extends beyond the DEJ >1mm but ≤1.5mm.
            - Critically Deficient: The axial wall extends beyond the DEJ >1.5mm or is entirely in enamel.
        - Molar Axial Wall Depth Criteria: No Change
            - Acceptable: The depth of the axial wall extends beyond the DEJ ≤1.5mm.
            - Marginally Substandard: The axial wall extends beyond the DEJ >1.5mm but ≤2.5mm.
            - Critically Deficient: The axial wall extends beyond the DEJ >2.5mm or is entirely in enamel.
4. **Posterior Composite and Posterior Amalgam Preparations:**
    a. **External Outline Form – Proximal Clearance**
        - Marginally Substandard: Proximal clearance at the height of contour extends >1.0mm but ≤2.0mm beyond either one or both proximal walls, versus >1mm but ≤2.5mm for composite preparations and >1.5mm but ≤3mm for amalgam preps.
        - Critically Deficient: Proximal clearance at the height of contour extends >2.0mm beyond either one or both proximal walls, versus >2.5mm for composite preparations and >3mm for amalgam preparations.

5. **Posterior Composite and Posterior Amalgam Preparations:**

    a. **External Outline Form – Proximal Clearance**

        - Marginally Substandard: Proximal clearance at the height of contour extends >1.0mm but ≤2.0mm beyond either one or both proximal walls, versus >1mm but ≤2.5mm for composite preparations and >1.5mm but ≤3mm for amalgam preps.
        - Critically Deficient: Proximal clearance at the height of contour extends >2.0mm beyond either one or both proximal walls, versus >2.5mm for composite preparations and >3mm for amalgam preparations.

6. **Posterior Amalgam Preparation:**

    a. **External Outline Form – Gingival Clearance**

        - Acceptable: The gingival clearance is visually open but ≤1.0mm, versus ≤2.0mm.
        - Marginally Substandard: The gingival clearance is >1.0mm but ≤2.0mm, versus >2.0mm but ≤3.0mm.
        - Critically Deficient: The gingival clearance is >2.0mm, versus >3.0mm, or the gingival contact is not visually open.

7. **Posterior Composite Preparation:**

    a. **External Outline Form – Outline Extension**

        - Critically Deficient: The width of the marginal ridge is ≤1.0mm, versus ≤0.5mm.
            - This refers to the width of the marginal ridge opposite the proximal surface being treated. For example, the distal marginal ridge of a tooth being treated for mesial caries with a composite MO restoration.

8. **Posterior Composite Preparation:**

    a. **External Outline Form – Isthmus width**

        - Critically Deficient: The isthmus is >1/2 the intercuspal width or the isthmus width is <1.0mm.
        - Previously there was not a criterion for minimum isthmus width

9. **Anterior Composite, Posterior Composite and Posterior Amalgam Restorations:**

    a. **Margin Integrity and Surface Finish – Adjacent Tooth Structure**

        - Critically Deficient: There is gross enameloplasty.
        - Previously this criterion stated, “There is gross enameloplasty resulting in the exposure of dentin.”
        - Note that this is an evaluation of damage to the tooth structure adjacent to the restoration on the tooth being treated (not damage to the adjacent tooth, which is evaluated under a separate criterion).

10. **Anterior Composite and Posterior Composite Restorations:**

    a. **Margin Integrity and Surface Finish – Margin Excess**

        - The wording for a marginally substandard restoration with regard to margin excess will be modified to state, “There is flash with or without contamination underneath,” versus “There is flash with contamination underneath”.

**Process:**

1. **For Simulated Patient Examinations**, the use of dental assistants will no longer be permissible.
    a. This is consistent with the current administration of the Endodontics and Prosthodontics examinations
    b. This will allow for consistent administration of the Periodontal Scaling and Restorative Examinations across all exam sites.
        - Assistants are not commonly used in the simulation clinic/sim lab currently.
        - Chair-side assistants are permissible during ***patient-based*** Periodontal and Restorative examinations only.
2. **For all Periodontal and Restorative Exam Parts**, when a candidate is only challenging one exam part during the exam day, their exam will now be limited to 3.5 hours versus 4 hours. All other exam timelines remain the same.

| EXAM SERIES | EXAMINATION TIME ALLOTMENT |
|---|---|
| **1 part** | 3.5 hours |
| **2 parts** | 7 hours |
| **All 3 parts** | 9 hours |

**Communication:**

- The table in the manual outlining penalty point deduction values will indicate values that include the 1-point deducted for a denied modification request for errors associated with denied modification requests. Note that this is not a change in scoring. It is only a clarification in how it is communicated to candidates. For example, the penalty for a "request to remove caries or decalcification without clinical justification" is a 15-point penalty. However, each modification request that is denied also carries with it a 1-point penalty. Therefore, the table in the candidate manual will indicate that the penalty point deduction value for this error is 16 points.