



## Simulated Patient Treatment Clinical Examination Dental Hygiene Mock Board

### Calculus Detection

Select **“Yes”** if any subgingival calculus is **present**.  
Select **“No”** if subgingival calculus is **NOT present**.

Tooth # Record here & on ACF Form	Surface	Examiner #1	Examiner #2	Examiner #3	Majority response	In agreement with candidate findings (see ACF Form)? Yes or No
<input style="width: 40px; height: 40px;" type="checkbox"/>	Distal	Yes No	Yes No	Yes No		
	Facial	Yes No	Yes No	Yes No		
	Mesial	Yes No	Yes No	Yes No		
	Lingual	Yes No	Yes No	Yes No		
<input style="width: 40px; height: 40px;" type="checkbox"/>	Distal	Yes No	Yes No	Yes No		
	Facial	Yes No	Yes No	Yes No		
	Mesial	Yes No	Yes No	Yes No		
	Lingual	Yes No	Yes No	Yes No		
<input style="width: 40px; height: 40px;" type="checkbox"/>	Distal	Yes No	Yes No	Yes No		
	Facial	Yes No	Yes No	Yes No		
	Mesial	Yes No	Yes No	Yes No		
	Lingual	Yes No	Yes No	Yes No		
<input style="width: 40px; height: 40px;" type="checkbox"/>	Distal	Yes No	Yes No	Yes No		
	Facial	Yes No	Yes No	Yes No		
	Mesial	Yes No	Yes No	Yes No		
	Lingual	Yes No	Yes No	Yes No		

Total (0-16 pts):   
(+1 point for each agreement with  
Candidate)

## Mock Calculus Removal and Complete Calculus Removal

SPTCE Candidates are assigned one quadrant for calculus removal on the SimProDH™, available only for ADEX Dental Hygiene Examinations.

Programs using the Acidental ModuPro DS™ or other simulated models may assign the Lower Right, Lower Left or Lower Arch to meet the recommended number of surfaces for evaluation.

- **Calculus Removal.** Identify (by highlighting) the 12 key calculus removal surfaces within the assignment (5.5 points each).
- **Complete Calculus Removal.** Any additional surfaces within the assignment (up to 6 points total).

### Lower Left (LL)

TOOTH # & calculus location	Examiner #1		Examiner #2		Examiner #3		CALCULUS REMOVAL Record check mark for surfaces with 2 or more "YES" responses.
	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	

### Lower Right (LR)

TOOTH # & calculus location	Examiner #1		Examiner #2		Examiner #3		CALCULUS REMOVAL Record check mark for surfaces with 2 or more "YES" responses.
	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	

12 surfaces Total x 5.5 pts:  +

Removal of Additional Surfaces = 6 pts  
 Minus 3 points if 1 surface remains  =   
 Minus 6 points if 2 or more surfaces

## Post-Treatment Periodontal Probing

Recorded in mm after calculus removal

**Anterior Tooth** (enter here and on ACF Form)

**Examiner # 1**

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

**Examiner # 2**

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

**Examiner # 3**

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

2 or more examiners in agreement with Candidate's findings on ACF (+/- 1 mm)

DL	Yes	No
L	Yes	No
ML	Yes	No
DF	Yes	No
F	Yes	No
MF	Yes	No

**Posterior Tooth** (enter here and on ACF Form)

**Examiner # 1**

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

**Examiner # 2**

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

**Examiner # 3**

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

2 or more examiners in agreement with Candidate's findings on ACF (+/- 1 mm)

DL	Yes	No
L	Yes	No
ML	Yes	No
DF	Yes	No
F	Yes	No
MF	Yes	No



Total (0-12 pts):  
(+1 point for each agreement with Candidate)



## Tissue Management

NOTE: Major Hard and Soft Tissue Damage are extremely rare; consult the Candidate Manual for criteria if major damage is suspected.

<b>Soft Tissue</b> <i>Where <u>MINOR</u> damage is present, list surface in space provided.</i>	<b>Examiner #1</b>	<b>Examiner # 2</b>	<b>Examiner #3</b>	<b>If 2 or more "Yes" responses</b>
1 area of damage	Yes    No	Yes    No	Yes    No	-1 point
	Surface	Surface	Surface	
2 areas of damage	Yes    No	Yes    No	Yes    No	-2 points
	Surfaces	Surfaces	Surfaces	
3 areas of damage	Yes    No	Yes    No	Yes    No	-3 points
	Surfaces	Surfaces	Surfaces	
4 or more areas of damage	Yes    No	Yes    No	Yes    No	-100 points
	Surfaces	Surfaces	Surfaces	

Total:  
(penalties)

<b>Hard Tissue</b> <i>Where <u>MINOR</u> damage is present, list surface in space provided.</i>	<b>Examiner #1</b>	<b>Examiner # 2</b>	<b>Examiner #3</b>	<b>If 2 or more "Yes" responses</b>
1 area of damage	Yes    No	Yes    No	Yes    No	-1 point
	Surface	Surface	Surface	
2 areas of damage	Yes    No	Yes    No	Yes    No	-2 points
	Surfaces	Surfaces	Surfaces	
3 areas of damage	Yes    No	Yes    No	Yes    No	-3 points
	Surfaces	Surfaces	Surfaces	
4 or more areas of damage	Yes    No	Yes    No	Yes    No	-100 points
	Surfaces	Surfaces	Surfaces	

Total:  
(penalties)

(Accumulated points) - (Tissue Management Penalties) = Final Score

$$(\underline{\quad}) + (\underline{\quad}) + (\underline{\quad}) - (\underline{\quad}) + (\underline{\quad}) = \underline{\hspace{2cm}}$$