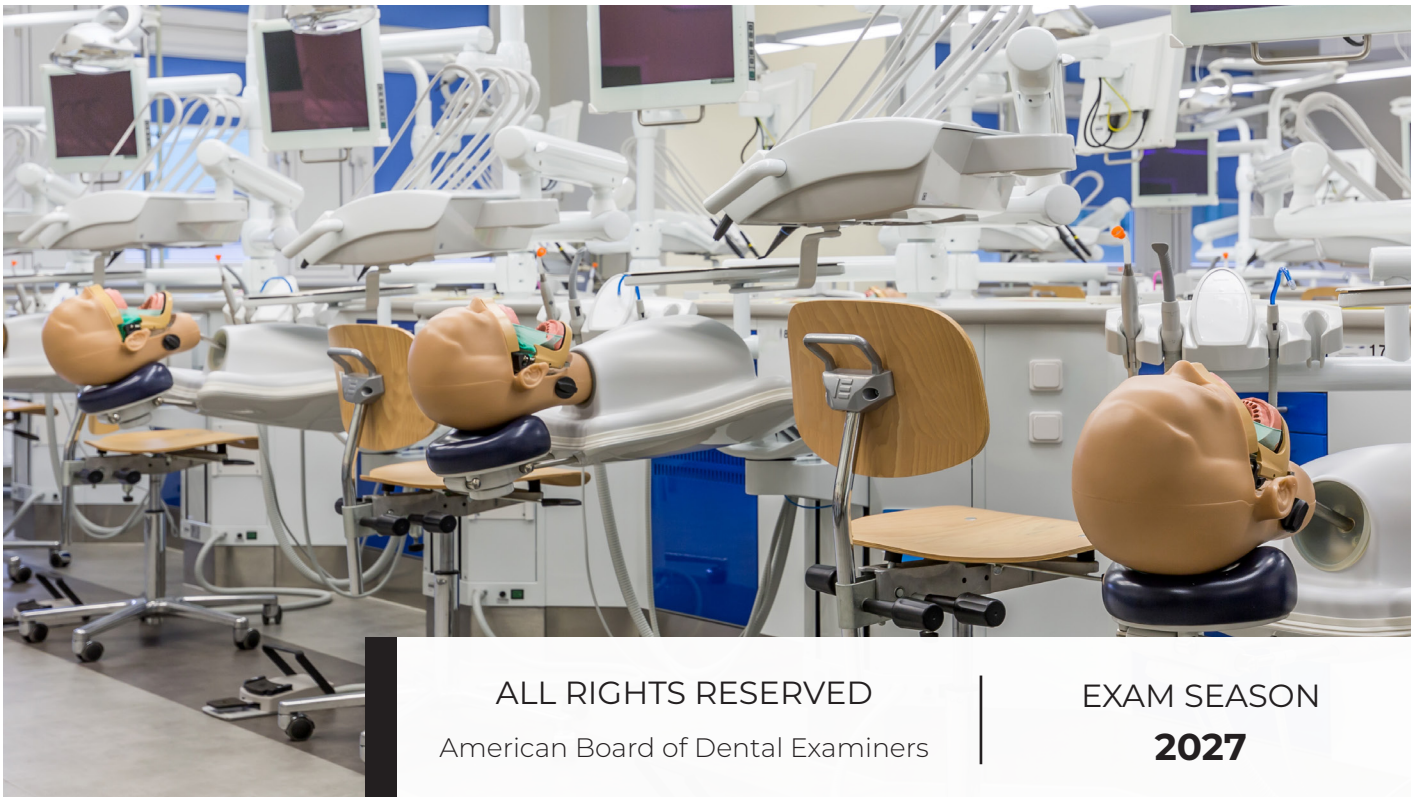
The Local Anesthesia Examination Series

LOCAL ANESTHESIA CANDIDATE MANUAL

Clinical Examination



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American Board of Dental Examiners

EXAM SEASON
2027

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ADDENDUM

Candidates are responsible for understanding content included in the Candidate Guide, Candidate Manuals, forms and website regarding simulated-patient examination procedures, protocols and processes applicable at the time of testing during the **January 1, 2027 through December 31, 2027 exam season**. Candidates are encouraged to periodically review these publications for changes or updates.

Any additions or modifications after initial publication will be noted below

- **Local Anesthesia Clinical Examination**. Candidates will administer IA and PSA nerve block injections and manage treatment on a simulated patient manikin (typodont) provided by the American Board of Dental Examiners..

EXAMINATION OVERVIEW

The American Board of Dental Examiners administers both computer-based and clinical exam components. All examinations are based on specific performance criteria, developed by subject matter experts, used to measure clinical competency.

The American Board of Dental Examiners Local Anesthesia Examination series offers separate exam components as a pathway to licensure or endorsement in the administration of local anesthesia where allowed by licensing jurisdiction.

In conjunction with this manual, refer to the Candidate Guide available on the ADEXtesting.org website for information regarding education requirements, registration, and other administrative policies.

A. The **Local Anesthesia Computer-based Examination** is an assessment of candidate knowledge, application, and problem-solving skills regarding the safe and appropriate use and administration of local anesthetic drugs. Refer to the separate Computer Candidate Manual for more information.

B. The **Local Anesthesia Clinical Examination** is an evaluation of a candidate's clinical knowledge, judgment and skill to manage treatment to safely and competently administer both **Inferior Alveolar (IA) and Posterior Superior Alveolar (PSA) nerve block injections** on a simulated patient manikin (typodont) in adherence to the published criteria.

A note about licensing or endorsement requirements. Candidates need only attempt those components required by the licensing jurisdiction. Before registering for any exam component, candidates should confirm the testing requirements of the jurisdiction in which they are seeking licensure or endorsement. The onus is on the Candidate to ensure that all requirements are met for a given state.

In those **jurisdictions that require completion of a clinical exam** for local anesthesia licensure or endorsement, the Local Anesthesia Examination is comprised of both Computer-based and Clinical exam components. All components of the Local Anesthesia Examination series must be successfully completed (passing scores) within 18 months of the initial attempt of any component of the series. Refer to the Candidate Guide (policies) for more information regarding the ***ADEX 18-Month Rule.***

Standards of Conduct

Integrity of the examination depends on fairness, accuracy and consistency. Established standards of conduct ensure that these principles are adhered to by examiners, candidates, and all individuals and entities involved in examination administration.

Dismissal, failure of the examination or a reduction in an examination score may result from unethical and/or unprofessional conduct (misconduct).

Candidates are required to adhere to these standards of conduct while participating in any examination administered by the American Board of Dental Examiners. Refer to the Candidate Guide for conduct and examination guidelines resulting in penalties or automatic failure of the examination and/or examination series (e.g. use of prohibited electronic devices, etc.).

During exam registration, candidates must consent to abide by the code of conduct agreement. Violating the code of conduct during (e.g., using unauthorized assistance) or after (e.g., disclosing exam content to others) examination will result in failure and denial of re-examination for one year. See the **Professional Conduct** and **Candidate Attestation** sections of the Candidate Guide for more information.

EXAM ADMINISTRATION

LOCAL ANESTHESIA CLINICAL

The Local Anesthesia Clinical exam is an evaluation of a candidate's clinical knowledge, judgment and skill to manage treatment to safely and competently administer both **Inferior Alveolar (IA) and Posterior Superior Alveolar (PSA) nerve block injections** on a simulated patient manikin (typodont) provided by the American Board of Dental Examiners in adherence to the published criteria.

As a reminder, in those jurisdictions that require completion of a clinical exam for local anesthesia licensure or endorsement, the Local Anesthesia Examination is comprised of both Computer-based and Clinical exam components. All components of the Local Anesthesia Examination series must be successfully completed (passing scores) within 18 months of the initial attempt of any component of the series.

Examination Schedule. Preliminary schedules are subject to change. Candidates are notified via email once their official **individual examination schedule and Q&A Session** information are posted in their Candidates.ADEXtesting.org profile, approximately 2-3 weeks prior to the clinical exam. Candidates assume all risk and responsibility for making travel or lodging arrangements in advance of receiving their official individual examination schedule. Refer to the Clinical Exam Calendar for locations, dates, and fees.

Clinic Entrance. Candidates are expected to arrive onsite—*timely and prepared*—for their scheduled clinic entrance time. Time adjustments for late candidate arrival are NOT permitted. Refer to the Candidate Guide for additional information regarding the **Candidate Attendance & "No Show" Policy.**

START TIME: Treatment may begin only after authorized by the Chief Examiner.

Typodont Removal. Do not remove any components of typodont (arches, segments, teeth) from the articulator without authorization.

Notification of Results. Candidates are notified via text/email once official examination results are available within their online Candidates.ADEXtesting.org portal. Generally, within 2-3 business days of exam completion.

Examination results are reported as pass/fail only, not numeric values. Only applicable criteria as defined in the error category for the respective procedure that leads to a failure are reported to the candidate. Discussion with examiners or staff regarding performance or reasons for failure is prohibited.

10-Day Retake Waiting Period. A 10-day waiting period is required between the date of failure and the re-attempt of any American Board of Dental Examiners administered computer-based or clinical examination.

Exam Retakes. Eligible candidates may apply for a fee-based retake of the Local Anesthesia Clinical Examination via their online Candidates.ADEXtesting.org portal.

Official Results Reporting for Licensure Application. The American Board of Dental Examiners is a testing agency, not a licensing authority. Successful completion of an examination does not constitute licensure. It is illegal to render patient treatment until a license or endorsement is issued by the state or jurisdiction. Contact the respective licensing authority directly for their reporting requirements. See Candidate Guide and Scores page of ADEXtesting.org website for additional information.

CLINICAL EXAM PREPARATION

OFFICIAL RESOURCES

Candidates are responsible for reading and understanding manual(s) and materials published by the American Board of Dental Examiners. Candidates bear all risk of any misunderstanding resulting from the use of or reliance on unofficial, non-authorized or third-party information or materials.

Refer to the Local Anesthesia Examination Overview and FAQs pages of the ADEXtesting.org website for official resources and information.

Candidate Guide & Manuals

Official resources available for candidate use during the examination.

- Refer to the Candidate Guide for American Board of Dental Examiners policies and procedures regarding eligibility requirements, infection control protocols, results release, exam administration, and candidate conduct standards.
- Refer to Candidate Manual for exam protocols, procedures, materials, and performance expectations.

Typodont & Manikin Setup

All candidate assignments are performed on the ***magnetically retained typodont segments and teeth*** provided by the American Board of Dental Examiners during the examination. Manikin, oral cavity cover, and mounting post are also provided for candidate use during the examination.

Similar products for candidate practice in advance of the exam are available at Acadental.com.



Site Info Sheets

Visit the Calendar section of the ADEXtesting.org website for ***Site Info Sheets*** regarding host-provided supplies and equipment, infection control protocols, PPE, equipment rental, and other valuable information for each clinical exam location. Contact the site host directly for questions regarding school-related information listed in their ***Site Info Sheet.***

Submit questions regarding exam availability, registration and fees to the American Board of Dental Examiners via Contact Us.

Questions?
Contact Us

Q&A Session

A ***Q&A Session*** affords Candidates the opportunity to ask questions about exam processes or other exam-related concerns, including host site-specific protocols, in advance of their clinical examination.

Registered Candidates are notified of their scheduled Q&A Session date and time via email; participation is strongly encouraged. Sessions may be virtual or onsite, depending on the host site availability. Q&A Sessions are not recorded by the American Board of Dental Examiners (ADEX).

INSTRUMENTS & MATERIALS

LOCAL ANESTHESIA CLINICAL

Instrument Guidelines

- **Armamentarium**. Candidates are ***responsible for furnishing their own instruments and materials*** as needed to safely and competently administer the required local anesthesia injections.
    - **Aspirating Syringe(s)** (self-aspirating syringes are prohibited for this exam type)
    - **Protective eyewear** (loupes or prescription eyewear is acceptable)
- **Sterilization**. Instruments must be clean and disinfected, but sterilization is not required for simulated patient (i.e. manikin) examinations. Once the examination begins, all CDC infection control guidelines must be followed.
- **Contaminated Instrument Protocol.** Once treatment begins, inform the Chief Examiner if an instrument becomes contaminated (e.g. dropped). In lieu of replacing the instrument, the candidate must explain the protocol followed for patient treatment, and ***wipe down/disinfect*** the instrument prior to use. Continued use of a contaminated instrument without discussion with the Chief Examiner will result in a 100 point penalty (exam failure).
- **Contaminated Needle.** Contaminated needle is a critical error evaluated during administration of the injection.

Exam Site Information

Some locations may have instruments available for candidate use for an additional fee. Refer to the Site Info Sheet of the clinical exam location listed in the Calendar section of the ADEXtesting.org website for information regarding instrument availability and materials provided.

Any arrangements for instrument rental should be completed well in advance of the examination to ensure availability, if applicable. Contact the site host directly with questions regarding school-related information listed within their Site Info Sheet.

Infection Control Guidelines

Candidates are required to adhere to current ***Centers for Disease Control and Prevention (CDC)*** infection control guidelines and recommendations for all simulated patient (manikin) examinations. However, the exam site host may impose additional requirements or restrictions. Refer to the Site Info Sheet for a list of school-provided materials and equipment, PPE requirements, and plan accordingly.

Personal Protective Equipment (PPE). Candidates are responsible for following basic Personal Protective Equipment (PPE) requirements for all clinical examinations as outlined by the American Board of Dental Examiners, which include:

- Face Mask
- Gloves
- Clinical attire (e.g. scrubs)
- Close-toed shoes
- Protective eyewear, loupes or prescription eyewear

Refer to the Candidate Guide for additional information regarding infection control requirements.

EXAM DAY CHECK-IN

LOCAL ANESTHESIA CLINICAL

IDENTIFICATION REQUIREMENTS FOR ADMISSION

The following items are required for admission to the clinical examination. Refer to the Candidate Guide for **identification requirements** and **"No Show" Policy**.

- ***PHOTO IDENTIFICATION.*** A valid physical form of U.S. government- or school-issued photo ID as described in the Candidate Guide is required. (Digital IDs are not valid for this exam.)
- ***Recent Name Change.*** If your legal name has recently changed, bring a copy of the supporting name change document (e.g. marriage certificate, dissolution decree or court document) to the clinical examination.

Candidate ID Number, Badges & Labels

CANDIDATE ID NUMBER. Note that your Candidate ID Number will be used on all badges, labels and forms to maintain your anonymity during the examination; and in conjunction with your name on all post-exam results reports.

ID BADGES. Upon identity verification, candidates receive a sheet of candidate labels, including two (2) Candidate Photo Badge labels. Photo badge labels must be worn on your outermost garment during the exam.

EXAMINATION TEAM MEMBERS

The Local Anesthesia Clinical examination is administered by grading examiners. However, to maintain anonymity, your name or school identification must not appear on any of the examination materials, instruments or clothing.

- **Grading Examiners (Chief and Flow)** - oversee exam administration and evaluate candidate performance.
- **Exam Technical Coordinator (ETC)** - provides administrative and technical support to Grading Examiner.

IMPORTANT REMINDER: School Equipment

Notify Chief Examiner immediately of any school equipment malfunction.

CONTAMINATED INSTRUMENT PROTOCOL

Once treatment begins, inform the Chief Examiner if an instrument becomes contaminated (e.g. dropped). In lieu of replacing the instrument, the candidate must explain the protocol followed for patient treatment, and ***wipe down/disinfect*** the instrument prior to use. Continued use of a contaminated instrument without discussion with the Chief Examiner will result in a 100 point penalty (exam failure).

CLINICAL EXAM DAY OVERVIEW

Clinic Entrance: ID Verification, Materials Distribution & Setup

When clinic entrance time is announced, proceed to the assigned operatory to perform the following tasks. Notify an Examiner or ETC immediately of any technical issues or concerns..

1. Set up exam instruments and prepare syringes (limit 2 on tray). Do not loosen needle cap(s) until directed by Chief Examiner.
    - No more than two (2) prepared syringes on the tray. (Additional cartridges and needles may be set aside on a non-procedural surface.)
2. Adjust chair to a comfortable and appropriate operator position.
3. Confirm operatory and supplies are ready for treatment.
4. Examiner will complete exam check-in at the operatory and review the following:
    - Syringe selection and preparation
    - Candidate protective eyewear
    - Injection Assignment

Clinical Examination

Two (2) examiners will observe your technique for each injection. Both injections must be performed according to the published criteria to achieve an overall passing score. You may verbalize your actions as the injection is being performed. Injections are performed on the same side of the mouth in the following order:

- **First injection:** Inferior alveolar (IA) nerve block
- **Second injection**: Posterior superior alveolar (PSA) nerve block

1. **Pause and Announce.** There are four (4) times that you must pause and announce each critical phase of the injection. After observing and evaluating each critical aspect, one examiner will say “I see” and the other examiner will state, “Proceed.”

    A Initial Penetration. After the needle has penetrated the tissue, stop and hold the position. Wait until instructed to proceed.

    B. Angle and Depth. Advance to the deposition site. Inform the Examiners when you have reached the optimum depth and angle. Wait until instructed to proceed.

    C. Aspiration. Announce when aspirating and whether the aspiration is positive or negative. If the aspiration is negative, wait until instructed to proceed.

    If the aspiration is positive, an Examiner will ask,” How would you like to proceed?” Use your professional judgment in determining how to handle the situation.

    NOTE: Aspiration is required on only one (1) plane. There is no penalty if an aspiration is completed on two (2) planes.

    D. Deposition Rate. Inform the examiners prior to depositing anesthetic. You will be instructed when to withdraw.

Pause & Announce

- Initial Penetration
- Angle and Depth
- Aspiration
- Deposition

2. **Recapping.** Upon completion of the IA injection, secure the needle cap or proceed to the PSA injection. Upon completion of the PSA injection, secure the needle cap.
3. **Sharps Disposal**. After completion of both injections, properly dispose of contaminated sharps and cartridges. Refer to Site Info Sheet for policy regarding unused anesthetic cartridges.
4. **Exam Completion.** After completing sharps disposal, collect your belongings and return any unused Candidate ID Labels to the ETC before exiting the clinic.

Local Anesthesia Clinical Grading Criteria

Each aspect of the injection is classified. Candidates are expected to perform the injections in **adherence to the published criteria (ACC)**. A **critical error (ERR)** validated by both examiners results in failure of the injection. A **lesser error (SUB)** does not result in failure but must be corrected before proceeding with the injection.

SYRINGE SELECTION, PREPARATION AND HANDLING	
Armamentarium	
ACC	A. Candidate is wearing protective eyewear and required PPE. B. Needle length and gauge reflect recorded information.
SUB	A. Candidate is not wearing protective eyewear or required PPE. B. Needle length or gauge does not reflect recorded information.
Syringe Preparation	
ACC	A. Harpoon is securely engaged. B. Needle is securely attached to the syringe.
SUB	A. Harpoon is not securely engaged. B. Needle is not securely attached to the syringe.
PENETRATION SITE	
Needle Contamination	
ACC	Needle does not touch any extraoral surface, facial anatomy or intraoral object (gauze, glove) prior to penetration.
ERR	Needle touches any extraoral surface, facial anatomy or intraoral object (gauze, glove) prior to penetration. Proceeding with a contaminated needle results in failure of the injection.
Three Penetrations Allowed	
ACC	Penetration of the tissue is considered an attempt. Up to three (3) penetrations are allowed to obtain the optimum angle and depth. If the third penetration results in a positive aspiration, a fourth penetration is permitted.
ERR	Optimum depth and angle was not obtained in three (3) penetrations.
Optimum Penetration Site - IA	
ACC	The penetration site is at the area bordered medially by the pterygomandibular raphe, laterally by the internal oblique ridge, and at the height of the coronoid notch.
ERR	A. Too superior B. Too inferior C. Too medial D. Too lateral
Optimum Penetration Site - PSA	
ACC	The penetration site is at the height of the vestibule in the mucobuccal fold, approximate to the distal facial root of the 2nd molar.
ERR	A. Too anterior B. Too posterior C. Not in the mucobuccal fold
ANGLE AND DEPTH	
Optimum Angle and Depth - IA	
ACC	**ANGLE**. At the optimum depth, the barrel of the syringe should be positioned over the premolars on the contralateral side and the needle parallel to the occlusal plane of the mandibular teeth. **DEPTH**. The depth of insertion is 20 mm - 25 mm (approximately 2/3 the length of long needle or 4/5 the length of short needle).
ERR	A. Barrel too distal B. Barrel too mesial C. Angle too high D. Angle too low E. Too shallow F. Too deep

Local Anesthesia Clinical Grading Criteria...cont'd

Optimum Angle and Depth - PSA	
ACC	**ANGLE**. At the optimum depth, the barrel of the syringe must be positioned 45 degrees to the occlusal plane and 45 degrees to the midline. **DEPTH**. The depth of insertion is approximately 16 mm (about 1/2 the length of a long needle or 3/4 the length of a short needle).
ERR	A. Barrel of the syringe not at 45-degree angle toward midline and/or barrel of the syringe not at 45-degree angle to occlusal plane. B. Too shallow C. Too deep
ASPIRATION	
Large Window Visible	
ACC	Upon aspirating, the large window must be toward the Candidate.
ERR	Upon aspirating, the small window was toward the Candidate [large window was not toward the Candidate].
Aspiration Observed	
ACC	Visible movement of the stopper.
ERR	A. No visible movement of the stopper upon aspiration. B. Harpoon is not engaged after aspiration is declared to be negative.
Handling of Positive Aspiration	
ACC	A positive aspiration is observed and handled correctly.
ERR	A. Proceeding after aspiration when a significant amount of blood is present in the cartridge. B. Failing to recognize a positive aspiration.
AMOUNT AND RATE	
Deposition of Anesthetic Prior to Aspiration	
ACC	No more than 1/4 of the anesthetic is deposited in the tissue prior to reaching the optimum depth and before aspiration
ERR	More than 1/4 of the anesthetic is deposited in the tissue prior to reaching the optimum depth and before aspiration
Rate of Administration	
ACC	Acceptable rate of depositing anesthetic is approximately fifteen (15) seconds for two (2) stopper widths.
ERR	Rate of deposition was approximately 12 seconds or less for two (2) stopper widths of anesthetic.
TISSUE MANAGEMENT (observed throughout the administration of the injection)	
ACC	Administration of the injection without bending or excessive bowing of the needle or laceration or tissue.
ERR	A. Needle is visibly bent upon removal from tissue. B. Visible laceration of tissue upon withdrawal of the needle.
RECAPPING	
Needle Recapping Technique (observed throughout the examination)	
ACC	A one-handed recapping technique is utilized
ERR	A two-handed recapping technique is observed.
SHARPS DISPOSAL	
Needle Disposal (evaluated after the completion of both injections)	
ACC	All needles and cartridges must be disposed of properly according to school policy.
ERR	Two-handed recapping is observed.



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