This module presents the (1) design characteristics of calibrated periodontal probes and (2) step-by-step instructions for use of a calibrated periodontal probe.
KEY TERMS

Calibrated periodontal probe
Gingiva
Free gingiva
Gingival margin
Gingival sulcus
Sulci

Junctional epithelium
Attached gingiva
Mucogingival junction
Alveolar mucosa
Interdental gingiva
Col
Periodontal pocket

LEARNING OBJECTIVES

1. Identify the design characteristics of a calibrated periodontal probe.

2. Identify the millimeter markings on several calibrated periodontal probes including some probe designs that are not in your instrument kit.

3. Describe the rationale and technique for periodontal probing.

4. Discuss the characteristics of effective probing technique in terms of adaptation and angulation of the tip, amount of pressure needed, instrumentation stroke, and number and location of probe readings for each tooth.

5. Using calibrated periodontal probe, demonstrate correct adaptation on facial, lingual, and proximal surfaces and beneath the contact area of two adjacent teeth.

6. Activate a calibrated periodontal probe using a walking stroke and correct probing technique.

7. Determine the probing depth accurately to within 1 mm of the instructor's reading.

8. Define the term junctional epithelium.

9. Differentiate between a normal sulcus and a periodontal pocket, and describe the position of the probe in each.

NOTE TO COURSE INSTRUCTORS: Refer to Module 21, Advanced Probing Techniques, for content on advanced assessments with periodontal probes: (1) gingival recession, (2) tooth mobility, (3) oral deviations, (4) width of attached gingiva, (5) clinical attachment level, (6) furcation involvement, and (7) the Periodontal Screening and Recording (PSR) System assessment.
SECTION 1
Calibrated Periodontal Probes

GENERAL DESIGN CHARACTERISTICS

The calibrated periodontal probe is a periodontal instrument that is marked in millimeter increments and used to evaluate the health of the periodontal tissues.

1. Design of Calibrated Probes. Calibrated probes have blunt, rod-shaped working-ends that may be circular or rectangular in cross section.

2. Function of Periodontal Probes
   a. Findings from an examination with a calibrated probe are an important part of a comprehensive periodontal assessment to determine the health of the periodontal tissues.
   b. The calibrated periodontal probe is used to measure sulcus and pocket depths, to measure clinical attachment levels, to determine the width of attached gingiva, to assess for the presence of bleeding and/or purulent exudate (pus), and to measure the size of oral lesions.

MILLIMETER MARKINGS

Calibrated probes are marked in millimeter increments and are used like miniature rulers for making intraoral measurements.

1. Millimeter Markings
   a. The working-end of the probe is marked at millimeter intervals. Indentations or grooves, colored indentations, or colored bands may be used to indicate the millimeter markings on the working-end.
   b. Each millimeter may be indicated on the probe or only certain millimeter increments may be marked (Table 11-1).
   c. If you are uncertain how a probe is calibrated, you can use a millimeter ruler to determine the millimeter markings.

2. Color Coding. Color-coded probes are marked in bands (often black in color) with each band being several millimeters in width.
EXAMPLES OF PROBE MARKINGS

**Markings at Each Millimeter.** The UNC 15 probe has millimeter markings at 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15 millimeters.

**Markings at Certain Millimeters.** This Goldman-Fox probe is rectangular in cross section and has millimeter (mm) markings at 1-2-3-5-7-8-9-10.

**Color-Coded Probe.** This probe has black bands; each band is 3 millimeters in length. The millimeter markings on this particular probe are at 3-6-9-12 mm.

**Probe with Probing Force Indicators.** This probe has force indicator lines to aid the clinician in applying a consistent probing force. Probing force is applied against the junctional epithelium until the force indicator lines meet.
**Computer-Assisted Probe.** This is an example of a computer-assisted probe. The probe is connected to a computer unit that will store information on recession, pocket depth, furcation involvement, and mobility. (Photograph, courtesy of Florida Probe Corporation.)

<table>
<thead>
<tr>
<th>Probe Design</th>
<th>Marking Pattern</th>
<th>Millimeter Increments</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNC15</td>
<td>All mm from 1 to 15 marked</td>
<td>1–15</td>
</tr>
<tr>
<td>Glickman 26G</td>
<td>No mark at 6 mm</td>
<td>1-2-3-5-7-8-9-10</td>
</tr>
<tr>
<td>Goldman Fox</td>
<td>No mark at 6 mm</td>
<td>1-2-3-5-7-8-9-10</td>
</tr>
<tr>
<td>Merritt</td>
<td>No mark at 6 mm</td>
<td>1-2-3-5-7-8-9-10</td>
</tr>
<tr>
<td>Williams</td>
<td>No mark at 6 mm</td>
<td>1-2-3-5-7-8-9-10</td>
</tr>
<tr>
<td>Maryland Moffitt</td>
<td>No mark at 6 mm; ball-end</td>
<td>1-2-3-5-7-8-9-10</td>
</tr>
<tr>
<td>Michigan “O”</td>
<td>Marks at 3, 6, and 8 mm</td>
<td>3-6-8</td>
</tr>
<tr>
<td>PSR Screening</td>
<td>Colored band from 3.5 to 5.5</td>
<td>3.5-5.5-8.5-11.5</td>
</tr>
<tr>
<td></td>
<td>Marks at 8.5 and 11.5 mm; ball-end</td>
<td>3.5-5.5-8.5-11.5</td>
</tr>
<tr>
<td>CP-18</td>
<td>Colored bands from 3 to 5 and 8 to 10 mm</td>
<td>3-5-8-10</td>
</tr>
<tr>
<td>CP-11</td>
<td>Colored bands from 3 to 6 and 8 to 11 mm</td>
<td>3-6-8-11</td>
</tr>
<tr>
<td>CP-12</td>
<td>Colored bands from 3 to 6 and 9 to 12 mm</td>
<td>3-6-9-12</td>
</tr>
</tbody>
</table>
SECTION 2
Use of Probe to Assess Tissue Health

FUNCTION OF CALIBRATED PROBE
The periodontal probe is the most important clinical tool for obtaining information about the health status of the periodontium. Calibrated periodontal probes are used to gather information about the health of the gingival tissues and bone loss and to measure the size of intraoral lesions.

**Probe in a Healthy Sulcus.** This photograph shows a periodontal probe inserted into a healthy gingival sulcus, the space between the free gingiva and the tooth. In health, the depth of the sulcus is from 1 to 3 millimeters (mm).

**Probe in a Periodontal Pocket.** This photograph shows a periodontal probe inserted into a periodontal pocket. A periodontal pocket is a sulcus that has deepened because of disease. The depth of a periodontal pocket is greater than 3 mm. The depth of the periodontal pocket shown here is 6 mm.

REVIEW OF PERIODONTAL ANATOMY IN HEALTH
The gingiva is the tissue that covers the cervical portions of the teeth and the alveolar processes of the jaws.

1. The Free Gingiva
   a. The **free gingiva** is the unattached portion of the gingiva that surrounds the tooth in the region of the cemento-enamel junction. It is also known as the unattached gingiva or the marginal gingiva.
   b. The free gingiva surrounds the tooth in a turtleneck or cufflike manner.
   c. The tissue of the free gingiva fits closely around the tooth but is not directly attached to it. This tissue, because it is unattached, may be stretched away from the tooth surface with a periodontal probe.
   d. The free gingiva also forms the soft tissue wall of the gingival sulcus.
   e. The free gingiva meets the tooth in a thin, rounded edge called the **gingival margin**.
2. The Gingival Sulcus
   a. The **gingival sulcus** is the *space* between the free gingiva and the tooth surface.
   b. The sulcus is a V-shaped, shallow space around the tooth. The plural form of sulcus is *sulci*.
   c. The base of the sulcus is formed by the **junctional epithelium**—a specialized type of epithelium that attaches to the tooth surface. The junctional epithelium forms the base of a gingival sulcus or periodontal pocket.

3. The Attached Gingiva
   a. The **attached gingiva** is the part of the gingiva that is tightly connected to the cementum on the cervical-third of the root and to the periosteum (connective tissue cover) of the alveolar bone.
   b. The attached gingiva lies between the free gingiva and the alveolar mucosa.
   c. In health, the attached gingiva is pale or coral pink. In dark-skinned individuals, it may be pigmented. The pigmented areas of the attached gingiva may range from light brown to black.
   d. The attached gingiva ends at the **mucogingival junction** where the gingiva meets the alveolar mucosa. The **alveolar mucosa** can be distinguished easily from the attached gingiva by its dark red color and smooth, shiny surface.

4. The Interdental Gingiva
   a. The **interdental gingiva** is the portion of the gingiva that fills the area between two adjacent teeth apical to (beneath) the contact area.
   b. The **col** is a valleylike depression in the portion of the interdental gingiva that lies directly apical to the contact area of two adjacent teeth. The col is not present if the adjacent teeth are not in contact or if the gingiva has receded.

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**Healthy Gingival Tissues.** (Used with permission from Nield-Gehrig, J.S. and Willmann, D., Foundations of Periodontics for the Dental Hygienist, 2003. Philadelphia: Lippincott Williams & Wilkins: p. 3.)
PROBING HEALTHY VERSUS DISEASED TISSUE

1. Clinically Normal Sulcus
   a. In health, the tooth is surrounded by a sulcus. The junctional epithelium (JE) forms the base of the sulcus by attaching to the enamel of the crown near the cemento-enamel junction (CEJ).
   b. The depth of a clinically normal gingival sulcus is from 1 to 3 mm, as measured by a periodontal probe.

2. Periodontal Pocket
   a. A periodontal pocket is a gingival sulcus that has been deepened by disease. In a periodontal pocket, the JE forms the base of the pocket by attaching to the root surface somewhere apical to the CEJ. A periodontal pocket results from destruction of alveolar bone and the periodontal ligament fibers that surround the tooth.
   b. The depth of a periodontal pocket, as measured by a periodontal probe, is greater than 3 mm. It is common to have pockets measuring 5 to 6 mm in depth.

**Position of Probe in a Healthy Sulcus.** In health, the probe tip touches the junctional epithelium located above the cemento-enamel junction. A healthy sulcus is 1 to 3 mm deep, as measured with a periodontal probe.


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**Position of Probe in a Periodontal Pocket.** In a periodontal pocket, the probe tip touches the junctional epithelium (JE) located on the root somewhere below the cemento-enamel junction. The depth of a periodontal pocket, as measured by a periodontal probe, will be greater than 3 mm.

Basic Concepts of Probing Technique

Probing is the act of walking the tip of a probe along the junctional epithelium within the sulcus or pocket for the purpose of assessing the health status of the periodontal tissues. Careful probing technique is essential if the information obtained with a periodontal probe is to be accurate.

THE WALKING STROKE

The walking stroke is the movement of a calibrated probe around the perimeter of the base of a sulcus or pocket. Walking strokes are used to cover the entire circumference of the sulcus or pocket base. It is essential to evaluate the entire “length” of the pocket base because the junctional epithelium is not necessarily at a uniform level around the tooth. In fact, differences in the depths of two neighboring areas along the pocket base are common.

Production of the Walking Stroke

1. Walking strokes are a series of bobbing strokes that are made within the sulcus or pocket. The stroke begins when the probe is inserted into the sulcus while keeping the probe tip against the tooth surface.
2. The probe is inserted until the tip encounters the resistance of the junctional epithelium that forms the base of the sulcus. The junctional epithelium feels soft and resilient when touched by the probe.
3. Create the walking stroke by moving the probe up and down (↑) in short bobbing strokes and forward in 1-mm increments (→). With each down stroke, the probe returns to touch the junctional epithelium.
4. The probe is not removed from the sulcus with each upward stroke. Repeatedly removing and reinserting the probe can traumatize the tissue at the gingival margin.
5. The pressure exerted with the probe tip against the junctional epithelium should be between 10 and 20 grams. A sensitive scale that measures weight in grams can be used to standardize your probing pressure. Refer to the Practical Focus section at the end of this module for instructions in calibrating probing force.
6. Either wrist or digital (finger) activation may be used with the probe because only light pressure is used when probing.

The Walking Stroke. The walking stroke is a series of bobbing strokes along the junctional epithelium (JE). Each up-and-down stroke should be approximately 1 to 2 mm in length (↑). The strokes must be very close together, about 1 mm apart (→). GM, gingival margin.
ADAPTATION
The side of the probe tip should be kept in contact with the tooth surface. The probe tip is defined as 1 to 2 mm of the side of the probe.

Correct Adaptation. The probe tip is kept in contact with the tooth surface.

Incorrect Adaptation. The probe tip should not be held away from the tooth.

PARALLELISM
The probe is positioned as parallel as possible to the tooth surface. The probe must be parallel in the mesiodistal dimension and faciolingual dimension.

Probe Parallel to Long Axis. This probe is correctly positioned parallel to the long axis of the tooth.

Probe Not Parallel to Long Axis. This probe is incorrectly positioned in relation to the long axis of the tooth.
INTERPROXIMAL TECHNIQUE

When two adjacent teeth are in contact, a special technique is used to probe the area directly beneath the contact area.

A two-step technique is used:

1. **Step 1:** Position the probe with the tip in contact with the proximal surface. While maintaining the tip in contact with the tooth surface, walk it between the teeth until it touches the contact area. The area beneath the contact area cannot be probed directly because the probe will not fit between the contact areas of the adjacent teeth.

2. **Step 2:** Slant the probe slightly so that the tip reaches under the contact area. The tip of the probe extends under the contact area while the upper portion touches the contact area. With the probe in this position, gently press downward to touch the junctional epithelium.

PROBING THE MAXILLARY MOLARS

*Technique for the Maxillary Molars.* Often it is difficult to probe the distal surfaces of the maxillary molars because the mandible is in the way. This problem can be overcome by repositioning the instrument handle to the side of the patient’s face.
SECTION 4
Probing Depth Measurements

PROBING DEPTHS
A probing depth is a measurement of the depth of a sulcus or periodontal pocket. It is determined by measuring the distance from the gingival margin to the base of the sulcus or pocket with a calibrated periodontal probe.

BOX 11-1
Probing Depths

A probing depth is the distance in millimeters from the gingival margin (GM) to the base of the sulcus or periodontal pocket (PB) as measured with a calibrated probe.

CHARTING PROBING DEPTHS
Probing depth measurements are recorded on a periodontal chart and become a permanent part of the patient chart.

1. Six Sites Per Tooth. Probing depth measurements are recorded for 6 specific sites on each tooth: (1) distofacial, (2) facial, (3) mesiofacial, (4) distolingual, (5) lingual, and (6) mesiolingual (Box 11-2).

2. One Reading Per Site. Only one reading per site is recorded. If the probing depths vary within a site, the deepest reading obtained in that site is recorded. For example, if the probing depths in the facial site were to range from 2 to 6 mm, only the 6 mm reading would be entered on the chart for that site.

3. Full Millimeter Measurements. Probing depths are recorded to the nearest full millimeter. Round measurements to the next higher whole number; for example, a reading of 3.5 mm is recorded as 4 mm, and a 5.5 mm reading is recorded as 6 mm.
**BOX 11-2**

**Measurements for Six Sites Are Recorded Per Tooth**

Probing depth measurements are recorded for 6 specific sites on each tooth:
1—distofacial line angle to the midline of distal surface
2—facial surface
3—mesiofacial line angle to the midline of mesial surface
4—distolingual line angle to the midline of distal surface
5—lingual surface
6—mesiolingual line angle to the midline of mesial surface

**Stroke Technique.** It is common for the depth of the pocket base to vary considerably from one spot to the next.

What would happen if only one or two probing strokes were made on the facial surface of the tooth illustrated here?

**Record the Deepest Reading Per Site.** In the illustration shown here, the depth of the pocket base varies considerably at points A, B, and C in the facial site. Because only a single reading can be recorded for the facial site, the deepest reading at point C is recorded.
PERIODONTAL CHART

Probing depth measurements are recorded on a periodontal chart. Most periodontal charts include rows of boxes that are used to record the probing depths on the facial and lingual aspects of the teeth.

On the sample chart shown below, the probing depths on the maxillary right first molar are as follows:

FACIAL ASPECT OF TOOTH 3
Site 1—distofacial line angle to midline of distal surface—the deepest reading is 5 mm.
Site 2—facial surface—the deepest reading is 3 mm.
Site 3—mesiofacial line angle to midline of mesial surface—the deepest reading is 4 mm.

LINGUAL ASPECT OF TOOTH 3
Site 4—distolingual line angle to midline of the distal surface—the deepest reading is 8 mm.
Site 5—lingual surface—the deepest reading is 6 mm.
Site 6—mesiolingual line angle to midline of the mesial surface—the deepest reading is 7 mm.

SAMPLE PERIODONTAL CHART FOR THE MAXILLARY RIGHT POSTERIOR TEETH
POSITIONING AND SEQUENCE FOR PROBING

The technique used for probing is different from that used with other periodontal instruments. For example, it is not necessary to use different clock positions when probing the anterior surfaces toward and away from your nondominant hand. The diagrams on this page show (1) the recommended clinician clock positions and (2) a suggested sequence for probing the maxilla and mandible. This sequence is a logical one to follow as you probe the dentition and record the probing measurements on a periodontal chart. You may want to photocopy this diagram to use for reference as you practice probing the dentition.
SECTION 5

Technique Practice: Posterior Teeth

Directions

1. For this technique practice, you will be working on the mandibular right first molar, facial aspect.

2. Remember: “Me, My Patient, My Light, My Dominant Hand, My Nondominant Hand, My Finger Rest, My Adaptation.”

3. Insert at the distofacial line angle. Insert the probe into the sulcus near the distofacial line angle of the first molar. Keep the side of the tip in contact with the tooth surface as you gently slide the probe to the sulcus base. (Illustration shows the facial view.)

4. Begin to probe Site 1. Your probe is now positioned to evaluate Site 1 of this tooth—the distofacial line angle to the midline of the distal surface.

   Keeping the tip in contact with the tooth, initiate a series of short, bobbing strokes toward the distal surface. Use a walking stroke, keeping your strokes close together.

5. Walk the probe onto the proximal surface. Walk the probe across the distal surface until it touches the contact area.
6. **Assess beneath the contact area.** Tilt the probe so that the tip reaches beneath the contact area (the upper portion of the probe touches the contact area).

Gently press downward to touch the junctional epithelium.

7. **Technique check: distal view.** *In this photo, the adjacent tooth has been removed to provide a view of the correct probe position for assessing the tissue beneath the contact area from the facial aspect. Tilt your probe in a similar manner.*

8. **Reinsert at the distofacial line angle.** Remove the probe from the sulcus and reinsert it at the distofacial line angle. You are now in position to probe the facial surface.

9. **Probe Site 2.** Make a series of tiny walking strokes across Site 2—the facial surface—moving in a forward direction toward the mesial surface.
10. **Probe Site 3.** Walk the probe across the mesial surface until it touches the contact area.

11. **Assess beneath the contact area.** Tilt the probe and extend the tip beneath the contact area. Press down gently to touch the junctional epithelium.

12. **Probing sequence for sextant.** This illustration shows the sequence for probing the entire mandibular right posterior sextant. This sequence allows you to probe the sextant in the most efficient manner.

Practice probing the facial and lingual aspects of the four posterior sextants using the sequence shown in the illustration above.
SECTION 6
Technique Practice: Anterior Teeth

Directions
1. When probing an anterior sextant, begin on the distofacial or distolingual line angle of the canine farthest from your nondominant hand.
2. For this technique practice, you will be working on the mandibular left canine, facial aspect.

3. Insert at the distofacial line angle. Begin by inserting the probe at the distofacial line angle of the left canine. You are now in position to assess the distal surface of the canine.

4. Walk toward the distal surface. Walk the probe across the distal surface until it touches the contact area.

5. Assess beneath the contact area. Tilt the probe and extend the tip beneath the contact area. Press down gently to touch the junctional epithelium.
6. **Reinsert at the distofacial line angle.** Remove the probe from the sulcus and reinsert it at the distofacial line angle. You are now in position to probe the facial surface of the canine.

7. **Assess the facial surface.** Make a series of walking strokes across the facial surface.

8. **Walk toward the mesial surface.** Walk across the mesial surface until the probe touches the contact area.

9. **Assess beneath the contact area.** On adjacent anterior teeth, only a slight tilt is needed to probe the col area. Gently probe the col area.
PRACTICAL FOCUS
1. Probing Depths. Measure and record the probing depths for the three teeth illustrated below.

Assess the Probing Depths. Look closely at teeth A, B, and C above.

1. Compare the bone level on these three teeth. Is the level of bone the same or different for these teeth?
2. Compare the probing depths. Do the probing depths provide you with an accurate picture of the amount of bone lost from around each of the teeth?
2. **Calibrate Probing Pressure.** Obtain a scale calibrated in grams from a scientific supply company. Prepare the scale by padding the top of the scale platform with a thin sponge (like that sold to wipe kitchen countertops). Cover the sponge with a piece of rubber dam material, and seal the rubber dam around the bottom edges of the scale platform. Grasp a calibrated probe in a modified pen grasp. Apply pressure against the scale platform with the tip of the probe. Calibrate your pressure to between 10 and 20 grams.

3. **Probe with Force Indicator Lines.** A second way to calibrate your probing force is to obtain a probe with force indicator lines similar to the probe pictured below. Try the probe on the scientific scale and see if the gram measurement is around 20 grams.

**Probe with Force Indicator Lines.** This Vivacare TPS Probe from Vivadent is an example of a probe with force indicator lines. The manufacturer states that 20 grams of probing force is being exerted when the force indicator lines on the TPS probe are aligned.
REFERENCE SHEET FOR PROBING TECHNIQUE

TABLE 11-2. REFERENCE SHEET: PROBING TECHNIQUE

1. Insert probe at the distofacial or distolingual line angle.

2. Position the probe as parallel as possible to the long axis of the tooth surface being probed.

3. Adapt the tip of the probe to the tooth surface as you activate short up-and-down strokes within the sulcus or pocket. Touch the junctional epithelium with each down stroke.

4. Assess the area beneath the contact area by tilting the probe and extending the tip beneath the contact area. Press down gently to touch the junctional epithelium.

5. Walk the probe around the entire circumference of the junctional epithelium using strokes that are about 1 mm apart.

6. Use light stroke pressure, between 10 and 20 grams.

7. Record 6 measurements per tooth (the deepest measurement in each of the 6 sites is recorded).

NOTE TO COURSE INSTRUCTORS: Refer to Module 21—Advanced Probing Techniques—for content on advanced assessments with periodontal probes: (1) gingival recession, (2) tooth mobility, (3) oral deviations, (4) width of attached gingiva, (5) clinical attachment level, (6) furcation involvement, and (7) the Periodontal Screening and Recording (PSR) System assessment.
### SKILL EVALUATION MODULE II

**Basic Probing Technique**

Student: _____________________________  
Anterior Area 1 = ____________________________  
Anterior Area 2 = ____________________________  
Evaluator: _____________________________  
Posterior Area 3 = ____________________________  
Posterior Area 4 = ____________________________  
Date: ________________________________

**DIRECTIONS FOR STUDENT:** Use **Column S**, evaluate your skill level as: **S** (satisfactory) or **U** (unsatisfactory).

**DIRECTIONS FOR EVALUATOR:** Use **Column I**. Indicate: **S** (satisfactory) or **U** (unsatisfactory). Each **S** equals 1 point, each **U** equals 0 points.

<table>
<thead>
<tr>
<th>CRITERIA:</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positioned correctly on clinician stool</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Positioned correctly in relation to patient, equipment, and treatment area</td>
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<tr>
<td>Establishes correct patient head position</td>
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<tr>
<td><strong>Dental Mirror:</strong></td>
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<tr>
<td>Uses correct grasp and establishes secure rest with mirror</td>
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<tr>
<td>Uses the mirror correctly for retraction and/or indirect vision</td>
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<tr>
<td><strong>Modified Pen Grasp with Dominant Hand:</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Thumb and index finger pads positioned opposite one another on handle; fingers not touching or overlapped</td>
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<tr>
<td>Pad of middle finger rests lightly on shank; touches the ring finger</td>
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<td></td>
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<tr>
<td>Handle rests between the 2nd knuckle of the index finger and the “V” of hand</td>
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<tr>
<td>Grasp is relaxed (no blanching of fingers)</td>
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<tr>
<td><strong>Intraoral Fulcrum:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ring finger is straight and supports weight of hand</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fulcrums on same arch, near tooth being instrumented</td>
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<td></td>
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<tr>
<td><strong>Probing Technique:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positions probe parallel to the tooth surface</td>
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</tr>
<tr>
<td>Keeps tip in contact with the tooth surface</td>
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<td></td>
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</tr>
<tr>
<td>Uses small walking strokes within the sulcus</td>
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<td></td>
</tr>
<tr>
<td>Tilts probe and extends tip beneath contact area to assess interproximal area</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Covers entire circumference of sulcus with walking strokes</td>
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</tbody>
</table>

**OPTIONAL GRADE PERCENTAGE CALCULATION**

Total **S**’s in each **I** column.

Sum of **S**’s ______ divided by Total Points Possible (64) equals the Percentage Grade _________
SKILL EVALUATION MODULE II  Basic Probing Technique

Student: ____________________________

EVALUATOR COMMENTS

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Box for sketches pertaining to written comments.