Periodontal Probing
The Normal Periodontium:
Figure 11-9A. Healthy gingival tissue with the alveolar mucosa, attached gingiva, free gingiva, and interdental gingiva labeled.
Various Types of Probes

The Probe

WHO Probe

- 3.5 to 5.5 black band
- 0.5 mm ball-tip
Cross-Section of the Healthy Periodontium:

11-10. Healthy gingiva in cross section.
Figure 11-11. Gingival sulcus in cross section.
Placement of the probe into the sulcus

**Figure 11-12.** The position of probe in a healthy sulcus. The probe tip touches the junctional epithelium located above the CEJ.
Figure 11-13. The position of probe in a periodontal pocket. The probe tip touches the junctional epithelium located on the root somewhere below the CEJ.

Placement of the probe into diseased sulcus
Point of Insertion and Walking Stroke:

**Figure 11-30.** Technique for probing a posterior tooth. Probe Site 1 (distofacial line angle to midline of distal surface). Insert the probe at the distofacial line angle.

**Figure 11-31.** Walk the probe onto the distal proximal surface.
Walking Stroke:
Per tooth

Figure 11-29. Sequence for probing a molar tooth, part 1.

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Figure 11-34. Sequence for probing a molar tooth, part 2.

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Figure 11-35B. Make a series of walking strokes across Site 2.

Figure 11-36. Probe Site 3 (mesiofacial line angle to midline of mesial surface).
You should take 6 readings per tooth:

1. Distobuccal
2. Buccal
3. Mesiobuccal
4. Distolingual
5. Lingual
6. Mesiolingual
Probing sequence per tooth:

1= Distobuccal/ Distolingual:
Point of insertion is at the distobuccal line angle. Take one step distal and begin noting deepest reading. Probe into the col area.

2= Buccal/ Lingual:
Without removing probe, (from the distal col), begin walking towards the DB line angle. Begin noting deepest reading from the DB line angle to the ML line angle.

3= Mesiobuccal/ Mesiolingual:
Continue walking mesially- noting deepest reading from first step after the ML line angle.
Walking Stroke of the Probe:

Figure 11-24. Uneven pocket depth on facial site.

Figure 11-25. Record the deepest reading.
The walking stroke of the probe is different than other instruments in that the instrument ‘bobs’ or hops within the sulcus. Other instruments use more of a pull stroke with heavier lateral pressure against the tooth.
Probing sequence per sextant (or quadrant):

**Figure 11-38.** Sequence for probing a posterior sextant.
**Probing Sequence**
*(per quadrant):*
*(limited radius)*

For **Right Handed** Clinicians:

<table>
<thead>
<tr>
<th>Area</th>
<th>Patient’s Head</th>
<th>Clock Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>UR and LR Buccal (Anteriors)</td>
<td>Left (Neutral)</td>
<td>10:00-11:00 12:00 (Anteriors)</td>
</tr>
<tr>
<td>UR and LR Lingual (Anteriors)</td>
<td>Right (Neutral)</td>
<td>11:00 (12:00)</td>
</tr>
<tr>
<td>UL Buccal (Anteriors)</td>
<td>Right (Neutral)</td>
<td>11:00 (12:00)</td>
</tr>
<tr>
<td>UL Lingual (Anteriors)</td>
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</tr>
<tr>
<td>LL Lingual (Anteriors)</td>
<td>Left (Neutral)</td>
<td>10:00 (12:00)</td>
</tr>
</tbody>
</table>

Notice that operator position and the direction of the instrument handle changes at the canine on the dominant side *. 
**Probing Sequence (per quadrant):**

*(limited radius)*

For *Left Handed* Clinicians:

<table>
<thead>
<tr>
<th>Area</th>
<th>Patient's Head</th>
<th>Clock Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>UL and LL Buccal (Anteriors)</td>
<td>Right (Neutral)</td>
<td>2:00-1:00 (12:00)</td>
</tr>
<tr>
<td>UL and LL Lingual (Anteriors)</td>
<td>Left (Neutral)</td>
<td>2:00-1:00 (12:00)</td>
</tr>
<tr>
<td>UR Buccal (Anteriors)</td>
<td>Left (Neutral)</td>
<td>1:00 (12:00)</td>
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</tr>
</tbody>
</table>

Notice that **operator position** and the **direction of the instrument handle** changes at the **canine on the dominant side.** *
It is important to maintain the tip of the probe against the tooth. (Fig. 11-15)

**Figure 11-15.** Correct adaptation of probe tip.

**Figure 11-16.** Incorrect adaptation of probe tip.
Angulation of the probe into the col area:

Notice terminal shank is no longer parallel to the long axis of the tooth.

See probe video: Upper right quad. linguals- a blue shaded circle appears.

**Figure 11-19.** Interproximal technique. Step 1: Walk probe between teeth.

**Figure 11-20.** Interproximal technique. Step 2: Slant probe.

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In the Col:

A = Incorrect position of probe tip
B = Correct position of probe tip

(From Newman MG, Takei HH, Carranza FA: Carranza's clinical periodontology, ed 9, Philadelphia, 2002, WB Saunders.)

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Another view of probing into the col:

Figure 11-33. Technique check. Probing apical to the contact area.
Pivoting on Fulcrum will allow for movement of the Probe Handle.

Figure 11-21. Handle position for maxillary molars.
How to Read the Probe:

Once you reach the base of the sulcus:

Observe where the Gingival Margin is on the probe
Reading the Probe (Cont’d):

Now- count down from the top marking on the probe (10 mm reading) to the last marking that you actually see.

So, in this case: 10, 9, 8, 7, 6, 5, 4, 3, 2

Not actually marked on the probe.
Reading the Probe (Cont’d): So, in this case:

2 mm. Is the probe reading...
Reading the Probe (Cont’d):

Here we count down 10,9,8,7, 5, 3, 2

The gingival Margin is at the 2mm reading
Reading the Probe (Cont’d):

Here we count down 10, 9, 8, 7, 5 but the gingival margin is still lower.

Only a small space is visible. Since the gingival margin is between the 5 and the 4~

we use the last reading we could see~

So, 5 mm is the probe reading.