

Area Specific Curets

FPI Module 19

DEN 1100

Design Characteristics

A periodontal instrument used to remove **light calculus deposits** from the **crowns and roots** of teeth

Have long (simple or complex) functional shanks

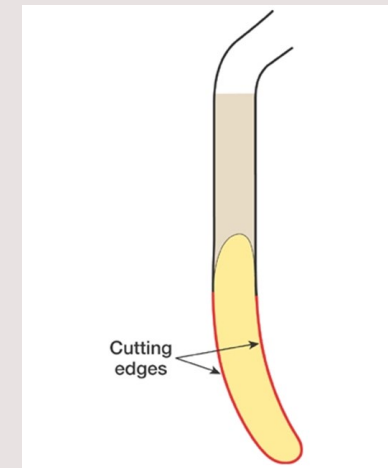
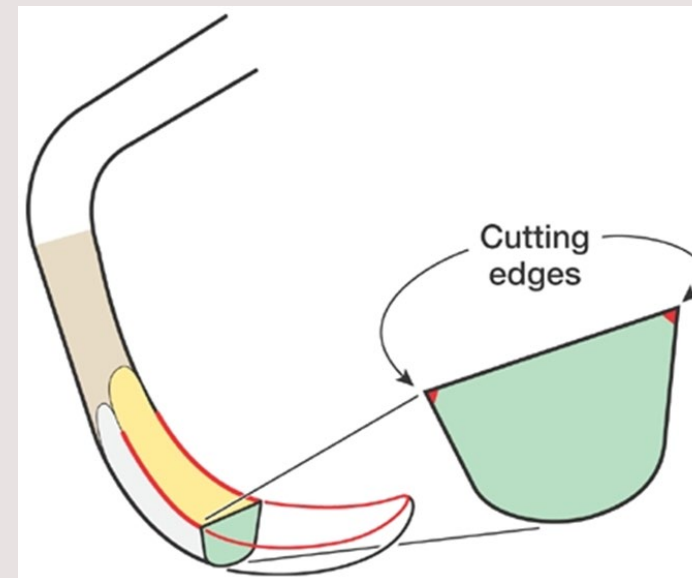
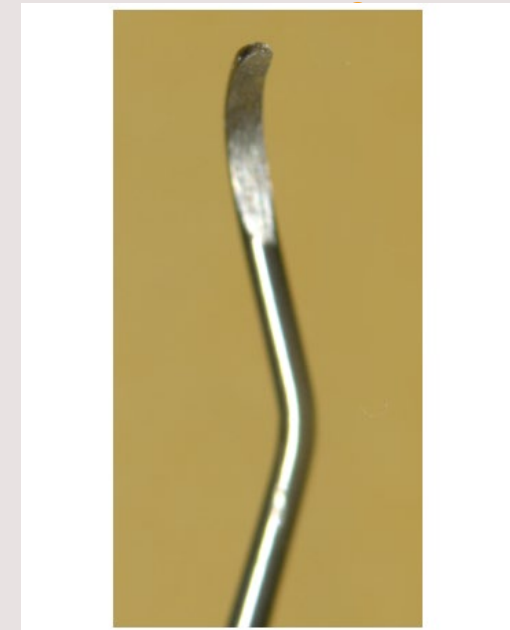
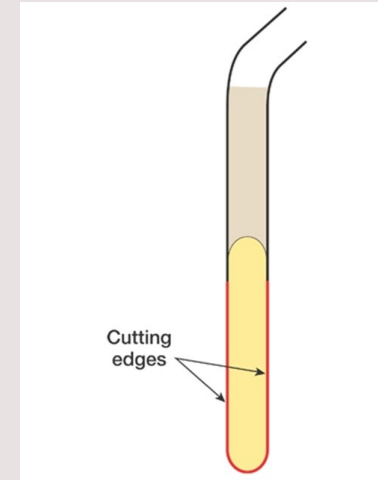
Especially suited for instrumentation of root surfaces

All types of curets have a:

- Rounded back
- Rounded toe
- Semicircular cross-section

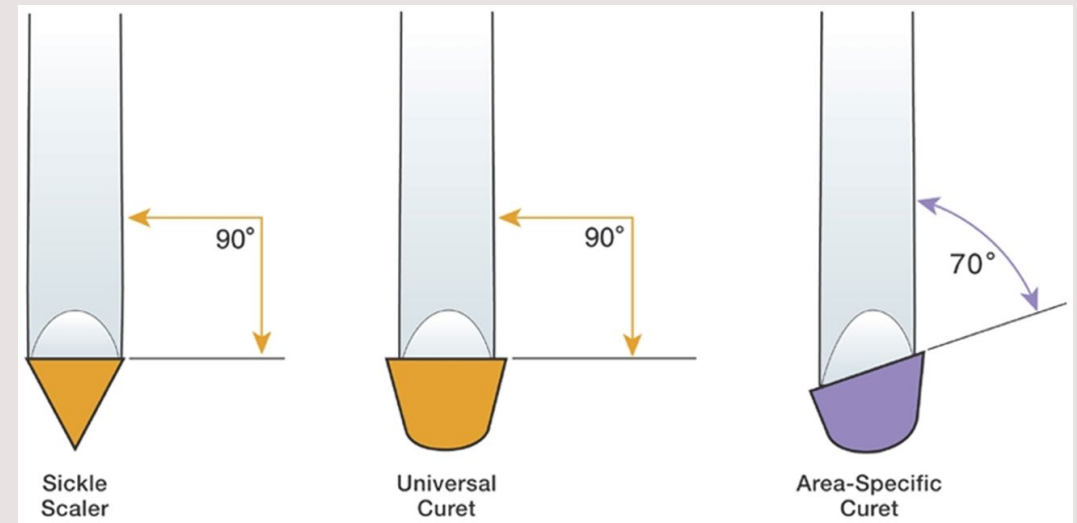
Cutting edges are curved

Different from a **universal curet** that has **parallel cutting edges**



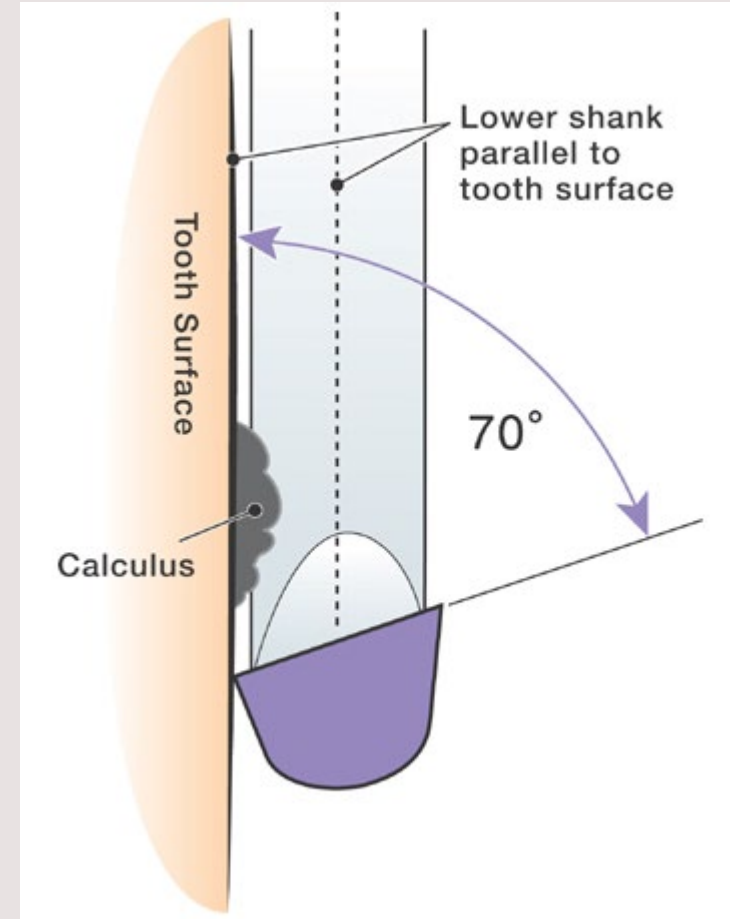
Relationship of Face to Lower Shank

- **The face is tilted** in relation to the lower shank
- Causes **one cutting edge to be lower** than the other on each working-end
- The tilted face of an area-specific curet is **very different from the design characteristics of sickle scalers and universal curets.**
- Only the **lower cutting edge** is used for calculus removal.



Angulation

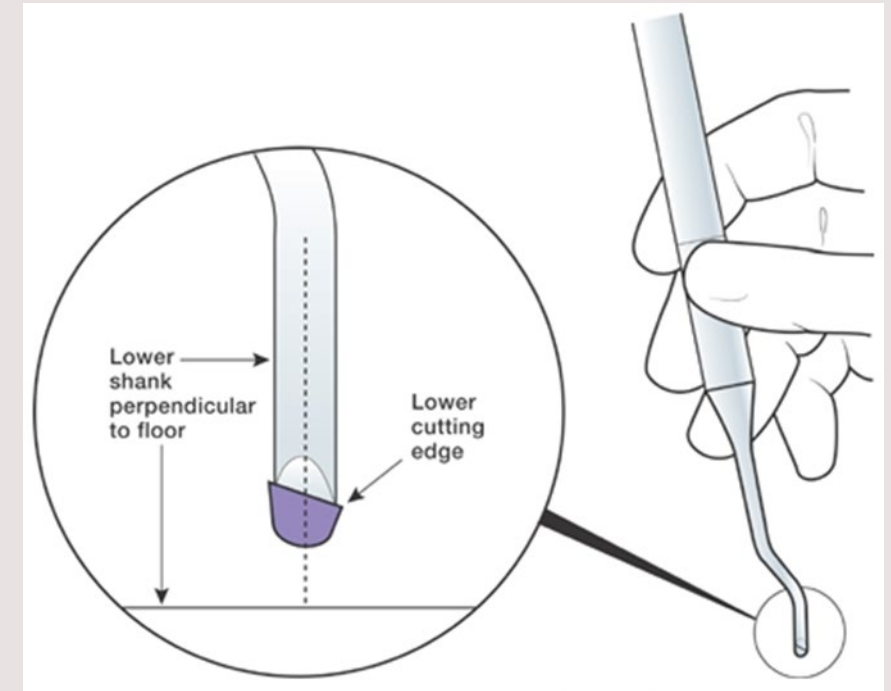
- The lower cutting edge is automatically at a **70-degree angle** to the tooth surface **when the lower shank is parallel**.
- The **nonworking** cutting edge is angled away from the soft tissue wall of the pocket to protect the tissue



Identifying the Lower Cutting Edge

We must be able to identify the lower cutting edge on each working-end:

1. Hold the instrument so that you are looking **directly at the toe**.
2. Raise or lower the instrument handle until the **lower shank is perpendicular to the floor**
3. Look closely at the working-end. One cutting edge is **lower, closer to the floor**
4. The lower cutting edge is **used for instrumentation**.
5. Only the lower cutting edge needs to be sharpened.



Use of an Area-Specific Curet on Anterior Teeth

Choosing the correct working-end

Instrument **face tilts toward the tooth surface**
Face is partially hidden from view

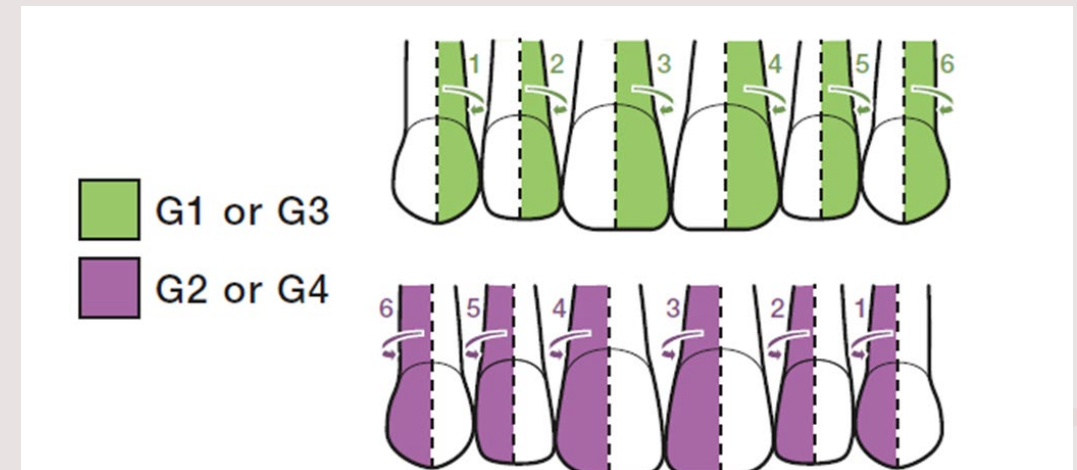
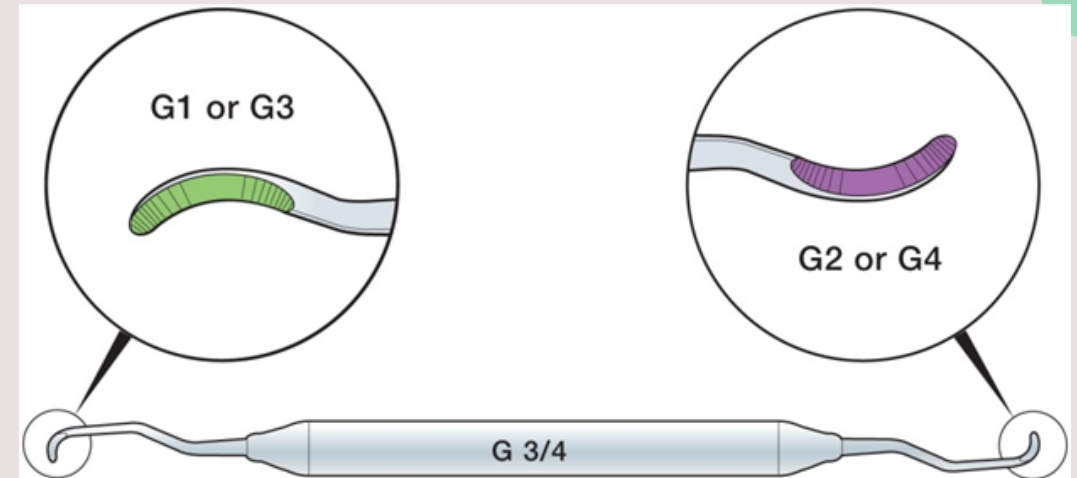


Instrument **face tilts slightly away from the tooth surface**. Entire face is clearly visible



Application of Cutting Edges

- *Area-Specific Curet on Anterior Teeth*
- *Sequence: all surfaces towards, all surfaces away*



Technique

- Select the correct working-end
- Place the working-end in the **Get Ready Zone**
- Toe aims toward the distal surface
- Insert with **face hugging the tooth surface**
- Adapt the toe-third
- **Lock toe-third against the root surface**



Technique

- Adapt toe-third to the midline
- Work across the facial surface toward the distofacial line angle
- **Roll the instrument handle** as you approach the distofacial line angle to maintain adaptation.
- Work at least halfway across the distal surface
- Other half instrumented from lingual aspect



Choosing the Correct Working-End for Posterior Teeth

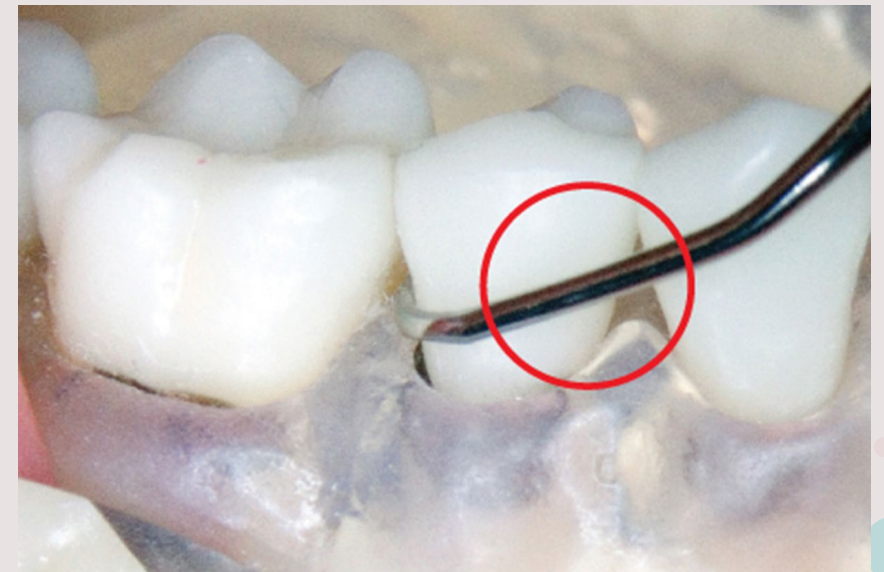
Use the **lower shank** as a **visual clue**

Correct working-end

- **Lower shank** is **parallel** to the distal surface
- Functional shank **goes up and over the tooth**

Incorrect working-end

- Lower shank **not parallel**
- Functional shank is **down and around the tooth**

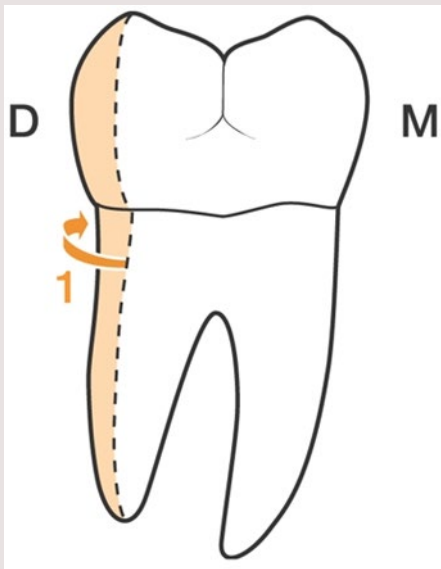


“Posterior = Parallel”

Sequence for a Single Posterior Tooth

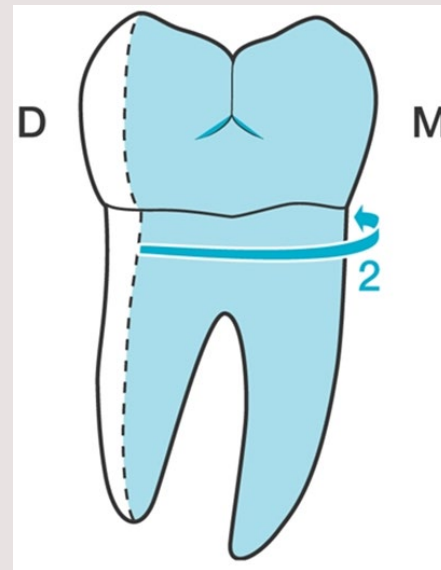
Area 1.

Distal surface



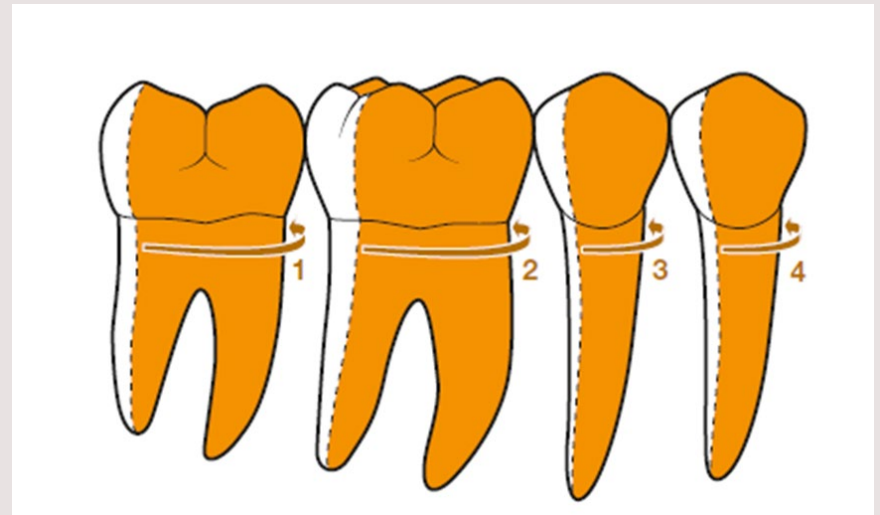
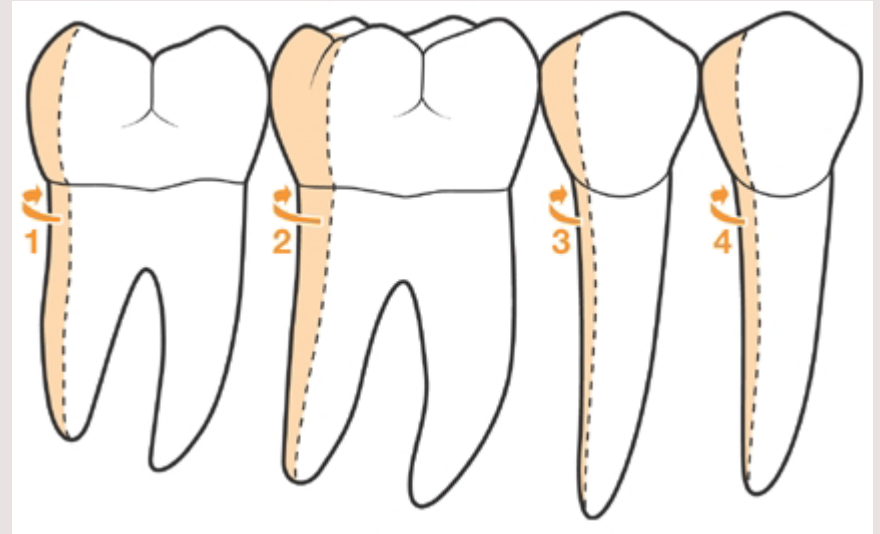
Area 2.

Distofacial line angle forward for facial and mesial surfaces



Sequence for a Sextant

- First, complete all D surfaces starting from the most posterior tooth in the sextant.
- Follow by completing all remaining surfaces starting from the most posterior tooth in the sextant.
- It is easier to begin with the most posterior tooth and move forward because of the pressure exerted by the patient's cheek against your hand.

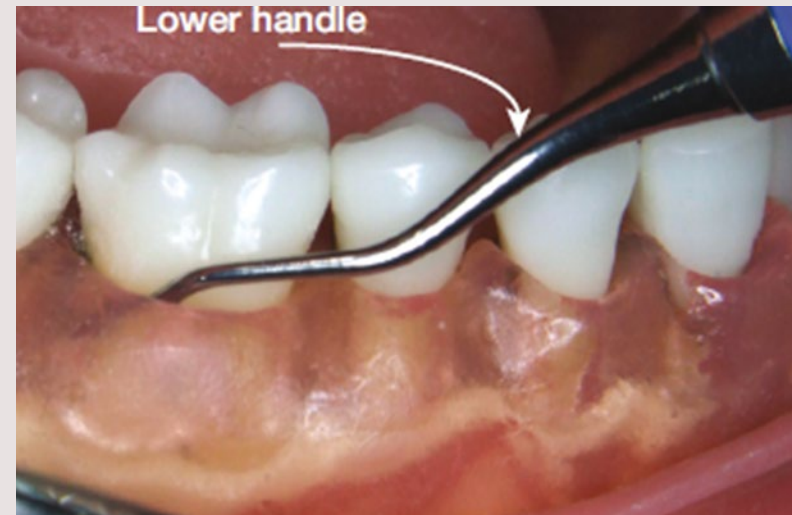


Technique

1. Place the working-end of the **distal curet (17/18)** in the **Get Ready Zone** near the distofacial line angle.
-Toe aiming toward the back of the mouth



2. **Lower** the instrument handle. **Hug** the face against the tooth surface. **Insert** beneath the gingival margin.



Technique

3. Place **mesial curet (15/16)** in the Get Ready Zone
-Toe aiming toward mesial surface



4. Lower instrument handle
-Insert to the base of the pocket



Technique

5. Make a series of short, precise strokes across the facial surface. **Roll the handle** as you approach the mesiofacial line angle to maintain adaptation.



6. Work at least halfway across the mesial surface from the facial aspect.

