

## Ultrasonic Instrumentation Evaluation – Yankee 2026 Power and Precision Workshop

CRITERIA					
<b>PREPARATION:</b>					
1.	All necessary equipment at treatment area.				
2.	Connected ultrasonic unit to water source on dental unit and an electrical power source.				
3.	Turned ultrasonic unit on, flushed handpiece for a minimum of 2 minutes.				
4.	Provided client with preprocedural rinse.				
5.	Selected appropriate initial insert/tip and proceeded with placement into upright, handpiece filled with water (magnetostrictive) or wrenched in place (piezoelectric).				
6.	Adjusted water and power/stroke size to appropriate initial setting. Water pattern was aligned with deposit type and power setting (mist and/or rapid drip).				
<b>POSITIONING:</b>					
7.	Placed patient in a supine position with appropriate head position for each area. Provided protective eyewear.				
8.	Positioned self ergonomically and could see clearly for debridement each area.				
9.	Light-illuminated treatment site appropriately				
<b>GRASP &amp; FINGER REST/FULCRUM:</b>					
10.	Used a light, balanced grasp.				
11.	Used appropriate intra or extra oral finger rest/fulcrum (ie: conventional, opposite arch, cross arch).				
<b>ADAPTATION:</b>					
12.	Explored with explorer or inactive insert/tip as needed to locate hard deposit. Positioned active tip surface at edge of hard deposit (if/when applicable)				
13.	Applied active tip at no more than a 15-degree angle to tooth surface; modified angle to maintain contact of active tip with tooth/root surface based on tooth/root anatomy (~2-3mm of working active tip)				
14.	Adapted back, face or lateral surface of active tip as most appropriate				
15.	Vertical and transverse orientation of insert/tip implemented as most appropriate. Adapted active tip beyond midline of proximal surfaces.				
<b>ACTIVATION:</b>					
16.	Always kept active tip in motion.				
17.	Used quick, controlled, sweeping, or tapping strokes based on location and type of deposit (horizontal, vertical, oblique, multidirectional).				
18.	Used overlapping strokes working in CHANNELS. Moved coronal-apical when subgingival.				
19.	Did not apply excessive lateral pressure.				
20.	Maintained appropriate power level (stroke size) throughout procedure; adjusted when necessary.				
21.	Positioned large bore HVE 1-2 teeth away from insert/tip; stopped periodically to allow complete evacuation.				
22.	Evaluated progress with visual examination and explorer or inactive insert/tip.				
<b>DOCUMENTATION:</b>					
23.	Appropriate documentation in patient's record.				