

MODULE 5

Finger Rests in the Anterior Sextants

Module Overview

This module describes techniques for using intraoral finger rests in the anterior treatment areas. Content in this module includes the topics of fulcrums and finger rests, and recommended wrist position and hand placement during periodontal instrumentation. A step-by-step technique practice for using intraoral finger rests in the anterior treatment sextants is found in Sections 3 and 4.

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Section 5

Skill Application

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Practical Focus: Evaluation of Position, Grasp, and Finger Rest

Student Self Evaluation Module 5: Mirror and Finger Rests in Anterior Sextants

Key Terms

Fulcrum
Support beam
Intraoral fulcrum

Extraoral fulcrum
Advanced fulcrum

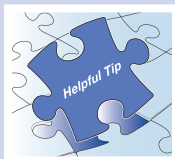
Out of the line of fire
Neutral wrist position

Learning Objectives

- Position equipment so that it enhances neutral positioning.
- Maintain neutral seated position while using the recommended clock position for each of the mandibular and maxillary anterior treatment areas.
- While seated in the correct clock position for the treatment area, access the anterior teeth with optimum vision while maintaining neutral positioning.
- Demonstrate correct mirror use, grasp, and finger rest in each of the anterior sextants while maintaining neutral positioning of your wrist and finger joints.
- Demonstrate finger rests using precise finger placement on the handle of a periodontal instrument:
 - Finger pads of thumb and index finger opposite one another on handle
 - Thumb and index finger do not overlap each other on the handle
 - Pad of middle finger rests lightly on the shank
 - Thumb, index, and middle fingers in a neutral position
 - Ring finger is advanced ahead of the other fingers in the grasp, held straight and supporting the hand and instrument in the grasp
- Recognize incorrect mirror use, grasp, or finger rest and describe how to correct the problem(s).
- Understand the relationship between proper stabilization of the dominant hand during instrumentation and the prevention of (1) musculoskeletal problems in the clinician's hands and (2) injury to the patient.
- Understand the relationship between the large motor skills, such as positioning, and small motor skills, such as finger rests. Recognize the importance of initiating these skills in a step-by-step manner.



Online resource for this module: Establishing a Finger Rest
Available online.



RIGHT- AND LEFT-HANDED SECTIONS IN THIS MODULE

- Sections 3 and 4 of this module are customized for right-handed and left-handed clinicians.
- For ease of use—and avoidance of confusion—if you are right-handed, it is recommended that you either (1) tear the left-handed pages from the book or (2) staple these pages together. If you are left-handed, use the same approach with the right-handed pages.

Section 1

The Intraoral Fulcrum

The **fulcrum** is a finger rest used to stabilize the clinician's hand during periodontal instrumentation. The fulcrum improves the precision of instrumentation strokes, prevents sudden movements that could injure the patient, and reduces muscle load to the clinician's hand (1–5).

1. Functions of the Fulcrum

- a. Serves as a “**support beam**” for the hand during instrumentation.
- b. Enables the hand and instrument to move as a unit as strokes are made against the tooth.
- c. Allows precise control of stroke pressure and length during periodontal instrumentation.

2. Types of Fulcrums

- a. **Intraoral fulcrum**—stabilization of the clinician's dominant hand by placing the pad of the ring finger on a tooth near to the tooth being instrumented. Figure 5-1 shows an example of right-handed clinician using an intraoral fulcrum for the facial aspects of the maxillary anterior teeth. Characteristics and techniques of the intraoral fulcrum are summarized in Box 5-1 and Table 5-1.
- b. **Extraoral fulcrum**—stabilization of the clinician's nondominant hand outside the patient's mouth, usually on the chin or cheek. An extraoral fulcrum may be used with a mirror. Extraoral fulcrums for use with a dental mirror are presented in Module 4.
- c. **Advanced fulcrum**—variations of an intraoral or extraoral finger rest used to gain access to root surfaces within periodontal pockets.



Figure 5-1. Intraoral Finger Rest. The right-handed clinician pictured here rests the pad of her ring finger on the incisal edge of a tooth adjacent to the tooth being instrumented. This intraoral finger rest stabilizes her hand and the instrument in the oral cavity.

Box 5-1

Characteristics of Intraoral Fulcrum

- Provides stable support for the hand
- Enables the hand and instrument to move as a unit
- Facilitates precise stroke length and pressure against the tooth surface
- Decreases the likelihood of injury to the patient or clinician if the patient moves unexpectedly during instrumentation

TABLE 5-1. SUMMARY SHEET: TECHNIQUE FOR INTRAORAL FULCRUM

Technique	
Grasp	Hold the instrument in a precise modified pen grasp.
Fulcrum	Advance the ring finger ahead of the other fingers in the grasp. Keep ring finger straight, with the tip of the finger supporting the hand and instrument.
Location	<p>Position the finger rest of the dominant hand near the tooth being instrumented.</p> <ul style="list-style-type: none"> Depending on the tooth being instrumented and length of your fingers, the finger rest may be one to four teeth away from the tooth on which you are working. A finger rest is always established out of the line of fire. The phrase “out of the line of fire” refers to the concept that the finger rest is never established directly above the tooth surface being worked on. If the finger rest is on the tooth being worked on, it is possible that the clinician’s finger will be injured by the sharp cutting edge. Staying out of the line of fire lessens the likelihood of instrument sticks.
Rest	<p>Place the finger rest on the same arch as the tooth being instrumented.</p> <ul style="list-style-type: none"> Rest the fingertip of the fulcrum finger on the incisal edge of an anterior tooth or on the occlusofacial or occlusolingual line angle of a posterior tooth. The teeth are saliva-covered, so you will be more likely to slip if you establish a finger rest directly on the facial or lingual surface. Avoid resting on a mobile tooth or one with a large carious lesion.

Section 2

Wrist Position for Instrumentation

NEUTRAL WRIST POSITION

Neutral wrist position is the ideal positioning of the wrist while performing work activities and is associated with decreased risk of musculoskeletal injury (Box 5-2, Fig. 5-2) (6).

Box 5-2

Neutral Hand Position

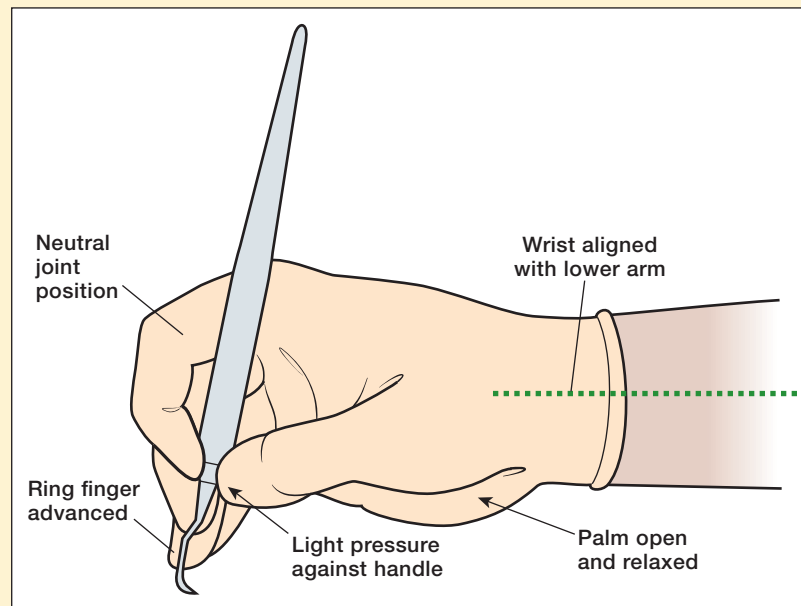


Figure 5-2. Neutral Hand Position for Periodontal Instrumentation.

- Wrist aligned with the long axis of the lower arm
- Little finger-side of the palm rotated slightly downward
- Palm open and relaxed
- Thumb, middle, and index fingers held in a neutral joint position (not hyperextended)
- Light finger pressure against the instrument handle
- Ring finger advanced ahead of other fingers in the grasp; held straight in a neutral joint position and not hyperextended

GUIDELINES FOR NEUTRAL WRIST POSITION

Keeping the wrist aligned with the long axis of the arm decreases musculoskeletal stresses on the wrist joint. Avoiding fully flexed or fully extended joint positions keeps the muscles used to control hand movements at more ideal muscle lengths for generating motions (7–9). Figures 5-3 to 5-6 show do's and don'ts for neutral wrist position.

Figure 5-3.

OK:

Wrist aligned with the long axis of the forearm

AVOID:

Bending the wrist and hand down towards the palm (flexion)

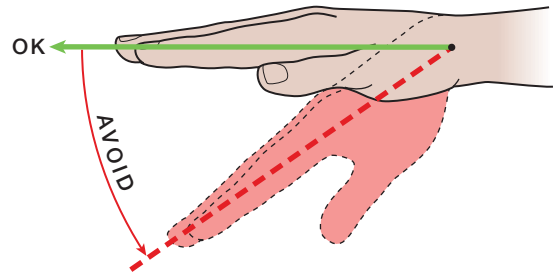


Figure 5-4.

OK:

Wrist in alignment with the forearm

AVOID:

Bending the wrist and hand up and back (extension)

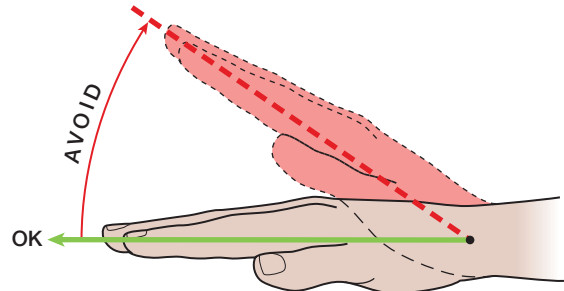


Figure 5-5.

OK:

Wrist aligned with long axis of forearm

AVOID:

Bending the wrist toward the thumb (radial deviation)

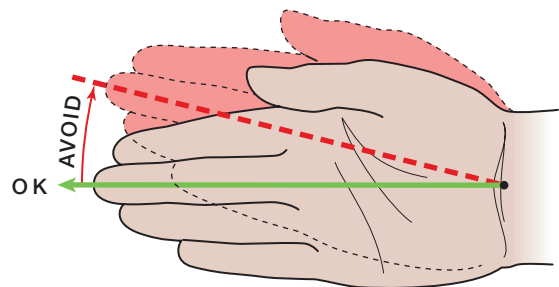


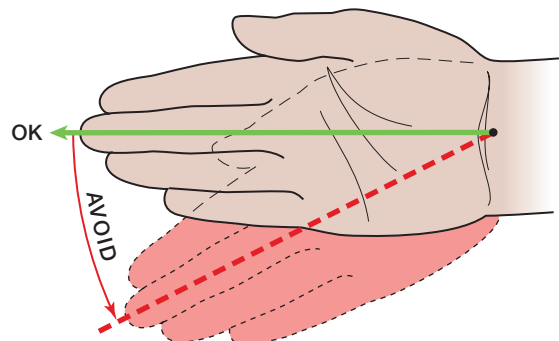
Figure 5-6.

OK:

Wrist in alignment with the long axis of the forearm

AVOID:

Bending the wrist toward the little finger (ulnar deviation)



BUILDING BLOCKS FROM POSITION TO FINGER RESTS

Precise, accurate performance of the building block skills is essential if periodontal instrumentation is to be effective, efficient, safe for the patient, and comfortable the clinician.

- Research on psychomotor skill acquisition indicates that a high level of mastery in the performance of the skill building blocks is essential for successful mastery of periodontal instrumentation.
- The building block skills are the foundation that “supports” successful periodontal instrumentation.
- While practicing finger rests, it is important to complete each of the skills listed in Figure 5-7 in sequence. Follow the directions in Box 5-3 for technique practice.

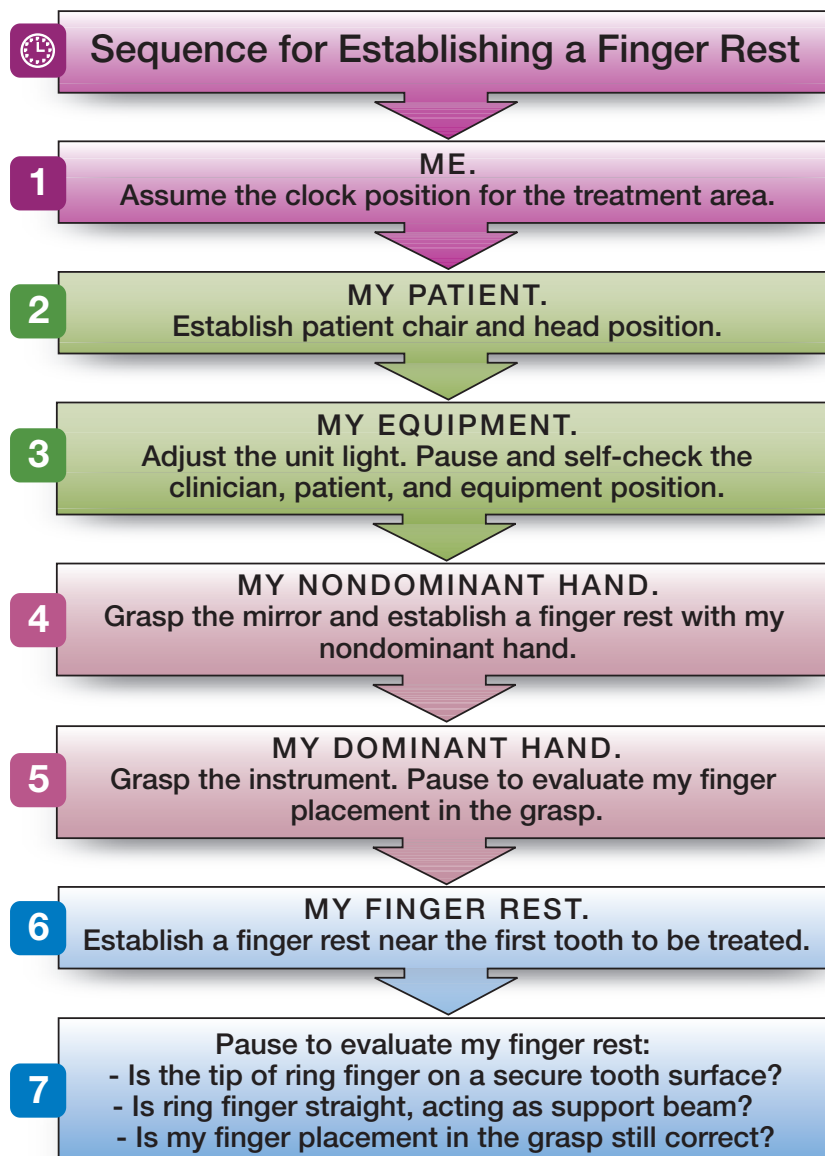


Figure 5-7. Establishing a Finger Rest. When establishing a finger rest it is important to proceed in the small, explicit steps outlined in this flow chart (10).

Box 5-3**Directions for Technique Practice**

1. The next two sections of this Module contain instructions for practicing finger rests for each anterior treatment area of the mouth.
2. The photographs in the Technique Practice sections depict the use of a mirror and finger rests in the anterior treatment areas. Some photographs were taken on a patient. ***Others were taken using a manikin and without gloves so that you can easily see the finger placement in the grasp.***
3. The photographs provide a **general guideline** for finger rests; however, the location of your own finger rest depends on the size and length of your fingers. You may need to fulcrum closer to or farther from the tooth being treated than is shown in the photograph.
4. Focus your attention on mastering wrist position and the finger rests. Use the following instruments in this module:
 - **For your nondominant (mirror) hand**—Use a dental mirror.
 - **For your dominant (instrument) hand**
 - (a) Remove the mirror head from one of your dental mirrors and use the mirror handle as if it were a periodontal instrument, or
 - (b) Use a periodontal probe to represent the periodontal instrument in this module.
5. Do not wear magnification loupes when practicing and perfecting your positioning and finger rest skills in this module. You need an unrestricted visual field for self-evaluation.
6. Remove Figure 5-7 from your book and refer to it as you practice and self-evaluate your skills during the Technique Practice.

Section 3

Technique Practice: RIGHT-Handed Clinician

**SKILL BUILDING**

Mandibular Anterior Teeth, Surfaces TOWARD

Directions: Practice establishing a finger rest for the mandibular anterior teeth, surfaces toward, by referring to Figures 5-8 to 5-15. Refer to Box 5-4 for handle location.

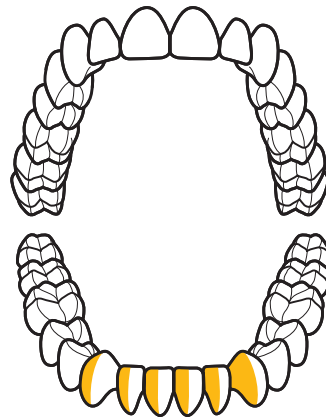


Figure 5-8. Clock Position for Mandibular Anterior Teeth, Surfaces Toward. The clinician's clock position for the mandibular anterior surfaces toward the clinician—facial and lingual aspects—is the 8:00 to 9:00 position. The patient should be in a chin-down head position.

Box 5-4**Handle Positions for Mandibular Anterior Teeth**

1. Hold the hand in a palm-down position.
2. Rest the handle against the index finger somewhere in the green shaded area.

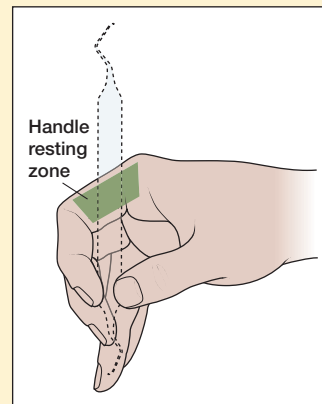


Figure 5-9. Handle Positions for Mandibular Treatment Areas.

Mandibular Anteriors, Facial Aspect: Surfaces Toward



Figure 5-10. Retraction. Retract the lip with the index finger or thumb of your left hand.



Figure 5-11. Task 1—Mesial Surface of the Left Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the left canine.



Figure 5-12. Task 2—Distal Surface of Right Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the right canine.

Mandibular Anteriors, Lingual Aspect: Surfaces Toward

Figure 5-13. Mirror. Use the mirror head to push the tongue away gently so the lingual surfaces of the anterior teeth can be seen in the reflecting surface of the mirror.



Figure 5-14. Task 1—Mesial Surface of the Left Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the left canine.

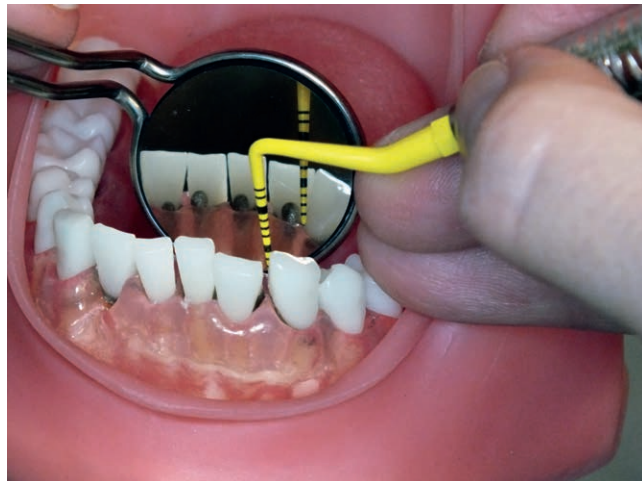
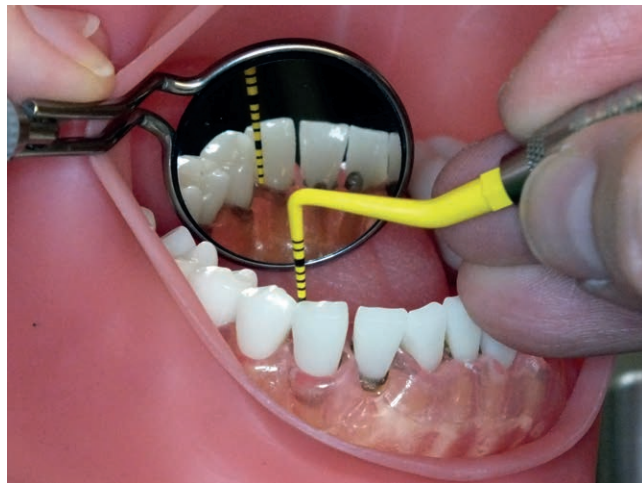


Figure 5-15. Task 2—Distal Surface of the Right Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the right canine.





SKILL BUILDING

Mandibular Anterior Teeth, Surfaces AWAY

Directions: Practice establishing a finger rest for the mandibular anterior teeth, surfaces toward, by referring to Figures 5-16 to 5-23. Refer to Box 5-5 for handle location.



Figure 5-16. Clock Position for Mandibular Anterior Teeth, Surfaces Away. The clinician's clock position for the mandibular anterior surfaces away from the clinician—facial and lingual aspects—is the 11:00 to 1:00 position. The patient is in a chin-down head position.

Box 5-5

Handle Positions for Mandibular Anterior Teeth

1. Hold the hand in a palm-down position.
2. Rest the handle against the index finger somewhere in the green shaded area.

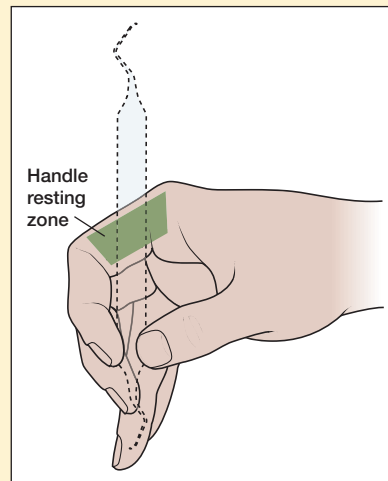


Figure 5-17. Handle Positions for Mandibular Treatment Areas.

Mandibular Anteriors, Facial Aspect: Surfaces Away

Figure 5-18. Retraction. Retract the lip with your index finger or thumb. Note that the clinician pictured is holding the mirror in the palm of her hand.



Figure 5-19. Task 1—Mesial Surface of the Right Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the right canine.



Figure 5-20. Task 2—Distal Surface of the Left Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the left canine.



Mandibular Anteriors, Lingual Aspect: Surfaces Away



Figure 5-21. Mirror. Use the mirror head to push the tongue back gently so that the lingual surfaces of the teeth can be seen.



Figure 5-22. Task 1—Mesial Surface of the Right Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the right canine.



Figure 5-23. Task 2—Distal Surface of the Left Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the left canine.

**SKILL BUILDING****Maxillary Anterior Teeth, Surfaces TOWARD**

Directions: Practice establishing a finger rest for the maxillary anterior teeth, surfaces toward, by referring to Figures 5-24 to 5-31. Refer to Box 5-6 for handle location.



Figure 5-24. Clock Position for Maxillary Anterior Teeth, Surfaces Toward. The clinician's clock position for the maxillary anterior surfaces toward the clinician—facial and lingual aspects—is the 8:00 to 9:00 position. The patient should be in a chin-up head position.

Box 5-6**Handle Positions for Maxillary Anterior Teeth**

1. Hold the hand in a palm-up position.
2. Rest the handle against the index finger somewhere in the green shaded area.

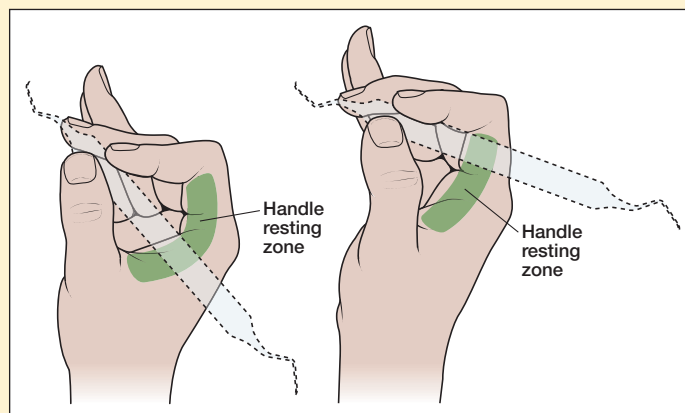


Figure 5-25. Handle Positions for Maxillary Treatment Areas.

Maxillary Anteriors, Facial Aspect: Surfaces Toward



Figure 5-26. Retraction. Retract the lip with the index finger or thumb of your left hand.



Figure 5-27. Task 1—Mesial Surface of the Left Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the left canine.

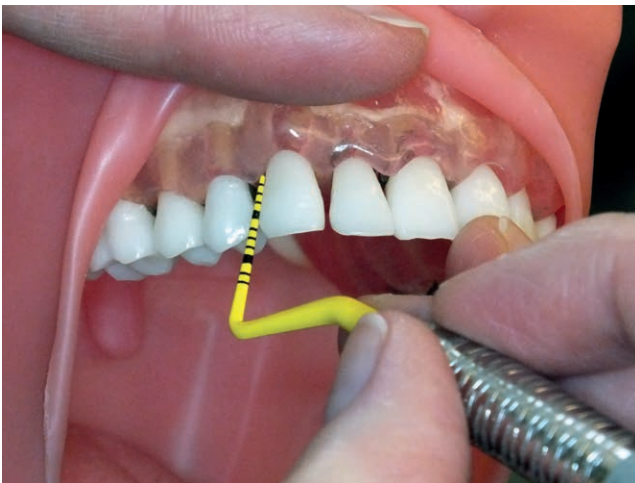


Figure 5-28. Task 2—Distal Surface of Right Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the right canine.

Maxillary Anteriors, Lingual Aspect: Surfaces Toward



Figure 5-29. Mirror. Position the mirror head so the lingual surfaces of the anterior teeth can be seen in the reflecting surface of the mirror.

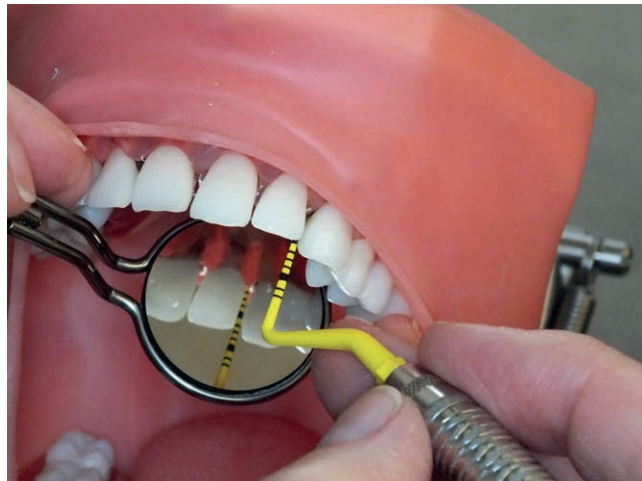


Figure 5-30. Task 1—Mesial Surface of the Left Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the left canine.

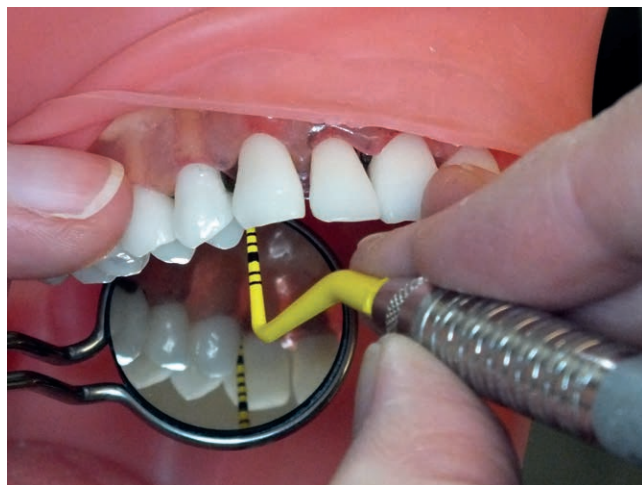


Figure 5-31. Task 2—Distal Surface of the Right Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the right canine.



SKILL BUILDING

Maxillary Anterior Teeth, Surfaces AWAY

Directions: Practice establishing a finger rest for the maxillary anterior teeth, surfaces toward, by referring to Figures 5-32 to 5-39. Refer to Box 5-7 for handle location.



Figure 5-32. Clock Position for Maxillary Anterior Teeth, Surfaces Away. The clinician's clock position for the maxillary anterior surfaces away from the clinician—facial and lingual aspects—is the 11:00 to 1:00 position. The patient is in a chin-up head position.

Box 5-7

Handle Positions for Maxillary Anterior Teeth

1. Hold the hand in a palm-up position.
2. Rest the handle against the index finger somewhere in the green shaded area.

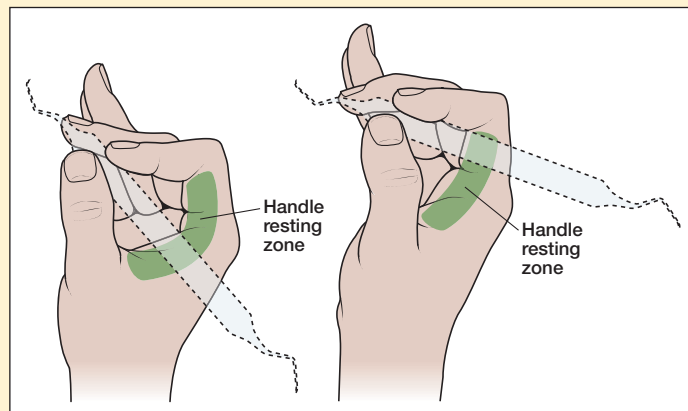


Figure 5-33. Handle Positions for Maxillary Treatment Areas.

Maxillary Anteriors, Facial Aspect: Surfaces Away

Figure 5-34. Retraction. Retract the lip with your index finger or thumb. **Technique hint:** your dominant hand is positioned correctly if you can see the underside of your middle and ring fingers.



Figure 5-35. Task 1—Mesial Surface of the Right Canine.

- Finger rest on an occlusal surface.
- Place the instrument tip on the mesial surface of the right canine.

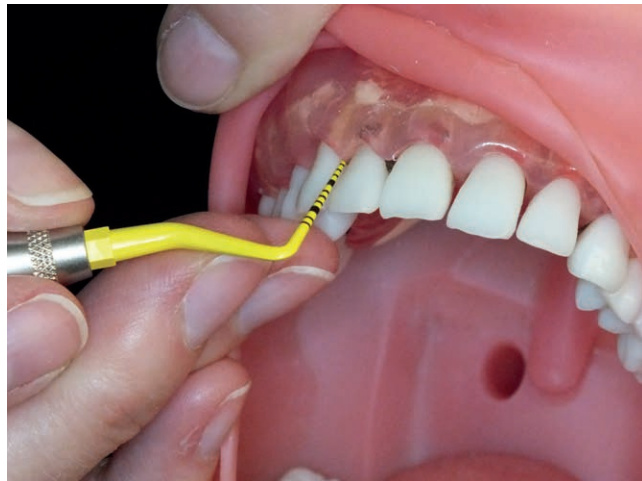


Figure 5-36. Task 2—Distal Surface of the Left Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the left canine.



Maxillary Anterior Sextant, Lingual Aspect: Surfaces Away



Figure 5-37. Mirror. Position the mirror head so that the lingual surfaces of the teeth can be seen. **Technique hint:** your dominant hand is positioned correctly if you can see the underside of your middle and ring fingers.

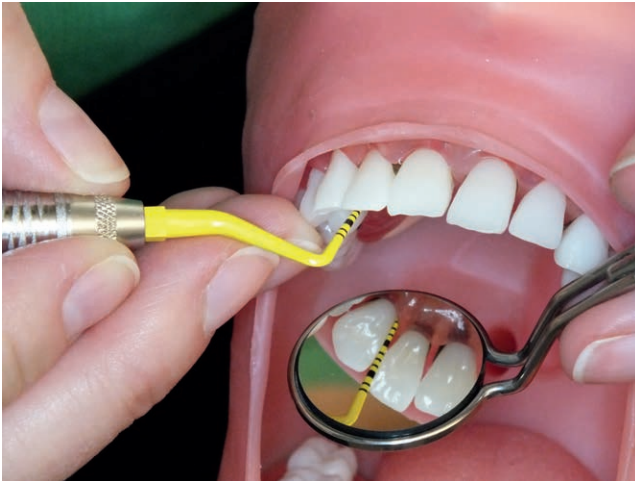


Figure 5-38. Task 1—Mesial Surface of the Right Canine.

- Finger rest on an occlusal surface.
- Place the instrument tip on the mesial surface of the right canine.



Figure 5-39. Task 2—Distal Surface of the Left Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the left canine.

REFERENCE SHEET FOR ANTERIOR TREATMENT AREAS FOR THE RIGHT-HANDED CLINICIAN

Photocopy this reference sheet in Table 5-2 and use it for quick reference as you practice your skills. Place the photocopied reference sheet in a plastic page protector for longer use.

TABLE 5-2. REFERENCE SHEET: ANTERIOR TREATMENT AREAS

Treatment Area	Clock Position	Patient's Head
Mandibular Teeth		
Facial Surfaces TOWARD	8:00–9:00	Slightly toward Chin DOWN
Lingual Surfaces TOWARD		
Facial Surfaces AWAY	11:00–1:00	
Lingual Surfaces AWAY		
Maxillary Teeth		
Facial Surfaces TOWARD	8:00–9:00	Slightly toward Chin UP
Lingual Surfaces TOWARD		
Facial Surfaces AWAY	11:00–1:00	
Lingual Surfaces AWAY		

RIGHT-HANDED CLINICIAN

Section 4

Technique Practice: LEFT-Handed Clinician



SKILL BUILDING

Mandibular Anterior Teeth, Surfaces TOWARD

Directions: Practice establishing a finger rest for the mandibular anterior teeth, surfaces toward, by referring to Figures 5-40 to 5-47 and Box 5-8.

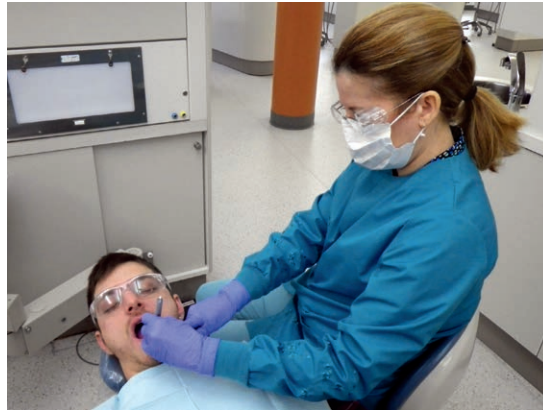
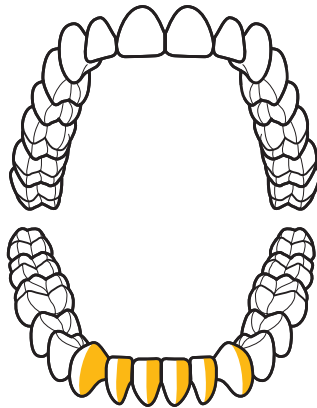


Figure 5-40. Clock Position for Mandibular Anterior Teeth, Surfaces Toward. The clinician's clock position for the mandibular anterior surfaces toward the clinician—facial and lingual aspects—is the 3:00 to 4:00 position. The patient should be in a chin-down head position.

Box 5-8

Handle Positions for Mandibular Anterior Teeth

1. Hold the hand in a palm-down position.
2. Rest the handle against the index finger somewhere in the green shaded area.

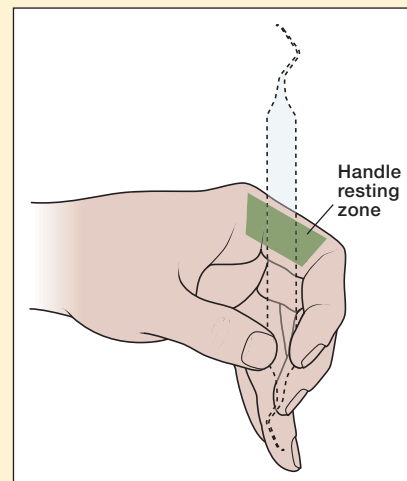


Figure 5-41. Handle Positions for Mandibular Treatment Areas.

Mandibular Anteriors, Facial Aspect: Surfaces Toward



Figure 5-42. Retraction. Retract the lip with the index finger or thumb of your right hand.

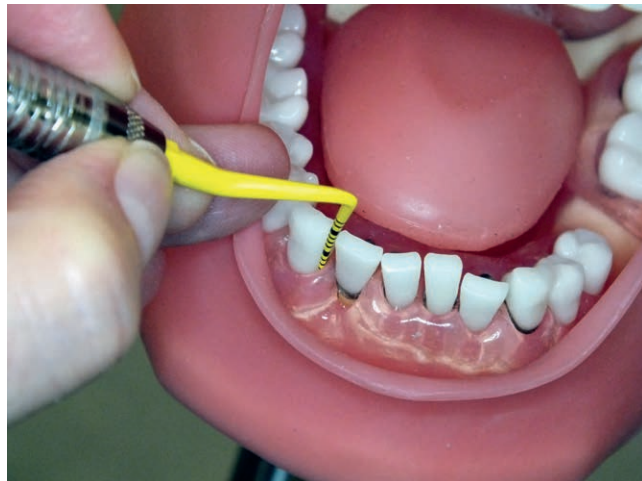


Figure 5-43. Task 1—Mesial Surface of the Right Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the right canine.



Figure 5-44. Task 2—Distal Surface of Left Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the left canine.

Mandibular Anteriors, Lingual Aspect: Surfaces Toward



Figure 5-45. Mirror. Use the mirror head to push the tongue away gently so the lingual surfaces of the anterior teeth can be seen in the reflecting surface of the mirror.

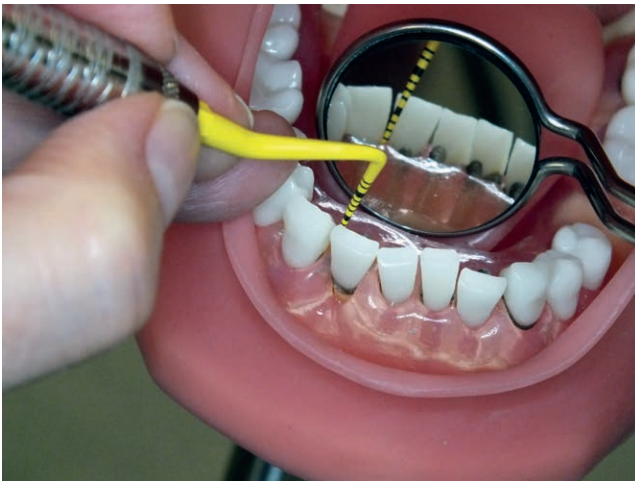


Figure 5-46. Task 1—Mesial Surface of the Right Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the right canine.



Figure 5-47. Task 2—Distal Surface of the Left Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the left canine.

**SKILL BUILDING****Mandibular Anterior Teeth, Surfaces AWAY**

Directions: Practice establishing a finger rest for the mandibular anterior teeth, surfaces toward, by referring to Figures 5-48 to 5-55 and Box 5-9.

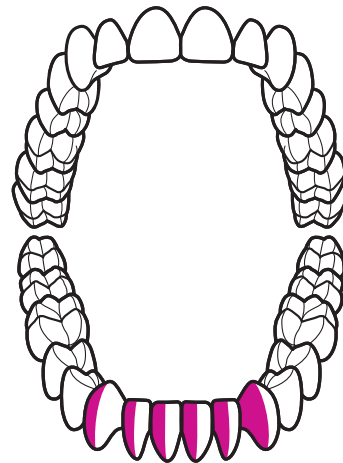


Figure 5-48. Clock Position for Mandibular Anterior Teeth, Surfaces Away. The clinician's clock position for the mandibular anterior surfaces away from the clinician—facial and lingual aspects—is the 11:00 to 1:00 position. The patient is in a chin-down head position.

Box 5-9**Handle Positions for Mandibular Anterior Teeth**

1. Hold the hand in a palm-down position.
2. Rest the handle against the index finger somewhere in the green shaded area.

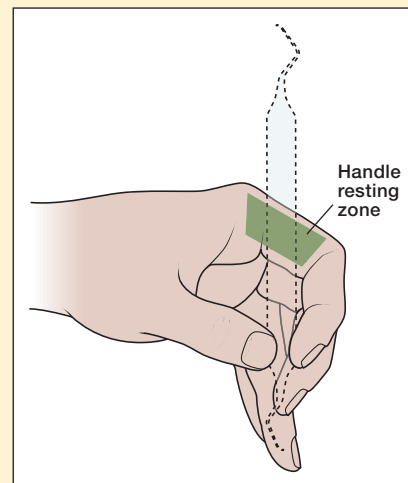


Figure 5-49. Handle Positions for Mandibular Treatment Areas.

Mandibular Anteriors, Facial Aspect: Surfaces Away



Figure 5-50. Retraction. Retract the lip with your index finger or thumb. Hold the mirror in your palm until it is needed for another treatment area.



Figure 5-51. Task 1—Mesial Surface of the Left Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the left canine.



Figure 5-52. Task 2—Distal Surface of the Right Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the right canine.

Mandibular Anteriors, Lingual Aspect: Surfaces Away



Figure 5-53. Mirror. Use the mirror head to push the tongue back gently so that the lingual surfaces of the teeth can be seen.



Figure 5-54. Task 1—Mesial Surface of the Left Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the left canine.



Figure 5-55. Task 2—Distal Surface of the Right Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the right canine.



SKILL BUILDING

Maxillary Anterior Teeth, Surfaces TOWARD

Directions: Practice establishing a finger rest for the maxillary anterior teeth, surfaces toward, by referring to Figures 5-56 to 5-63 and Box 5-10.

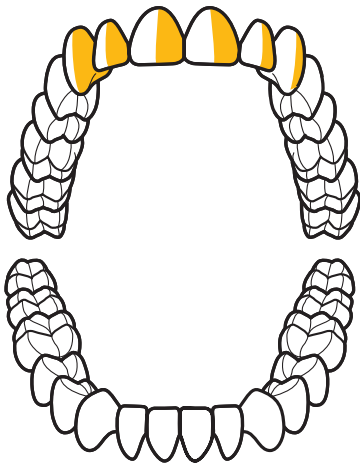


Figure 5-56. Clock Position for Maxillary Anterior Teeth, Surfaces Toward. The clinician's clock position for the maxillary anterior surfaces toward the clinician—facial and lingual aspects—is the 3:00 to 4:00 position. The patient should be in a chin-up head position.

Box 5-10

Handle Positions for Maxillary Anterior Teeth

1. Hold the hand in a palm-up position.
2. Rest the handle against the index finger somewhere in the green shaded area.

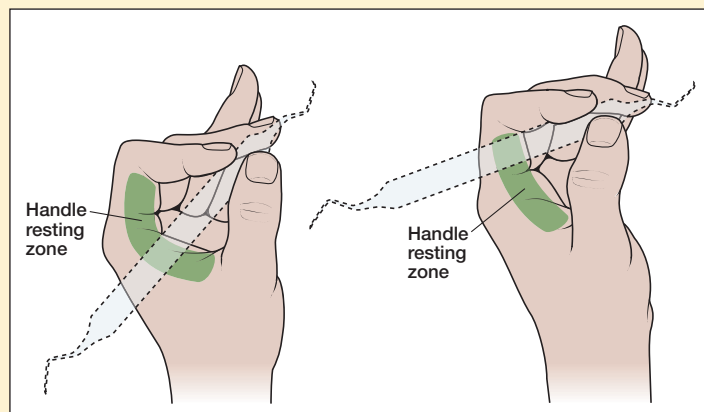


Figure 5-57. Handle Positions for Maxillary Treatment Areas.

Maxillary Anteriors, Facial Aspect: Surfaces Toward



Figure 5-58. Retraction. Retract the lip with the index finger or thumb of your right hand.



Figure 5-59. Task 1—Mesial Surface of the Right Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the right canine.



Figure 5-60. Task 2—Distal Surface of Left Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the left canine.

Maxillary Anteriors, Lingual Aspect: Surfaces Toward



Figure 5-61. Mirror. Position the mirror head so the lingual surfaces of the anterior teeth can be seen in the reflecting surface of the mirror.

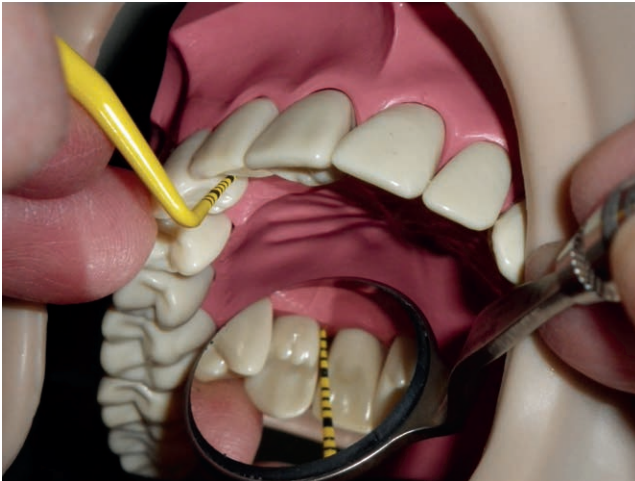


Figure 5-62. Task 1—Mesial Surface of the Right Canine.

- Finger rest on an occlusofacial line angle.
- Place the instrument tip on the mesial surface of the right canine.



Figure 5-63. Task 2—Distal Surface of the Left Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the left canine.

**SKILL BUILDING****Maxillary Anterior Teeth, Surfaces AWAY**

Directions: Practice establishing a finger rest for the maxillary anterior teeth, surfaces away, by referring to Figures 5-64 to 5-71 and Box 5-11.



Figure 5-64. Clock Position for Maxillary Anterior Teeth, Surfaces Away. The clinician's clock position for the maxillary anterior surfaces away from the clinician—facial and lingual aspects—is the 11:00 to 1:00 position. The patient is in a chin-up head position.

Box 5-11**Handle Positions for Maxillary Anterior Teeth**

1. Hold the hand in a palm-up position.
2. Rest the handle against the index finger somewhere in the green shaded area.

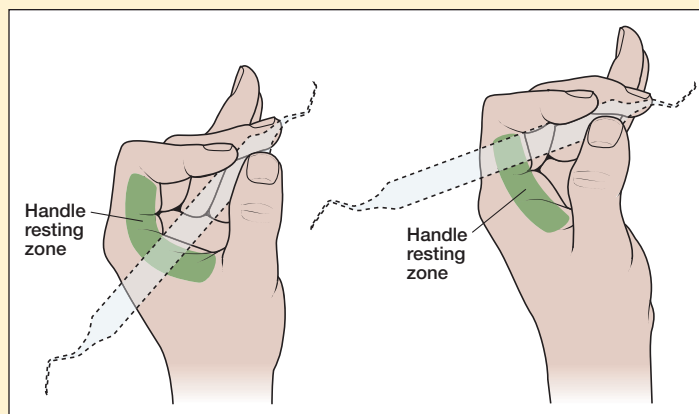


Figure 5-65. Handle Positions for Maxillary Treatment Areas.

Maxillary Anteriors, Facial Aspect: Surfaces Away



Figure 5-66. Retraction. Retract the lip with your index finger or thumb. **Technique hint:** your dominant hand is positioned correctly if you can see the underside of your middle and ring fingers.



Figure 5-67. Task 1—Mesial Surface of the Left Canine.

- Finger rest on an occlusal surface.
- Place the instrument tip on the mesial surface of the left canine.



Figure 5-68. Task 2—Distal Surface of the Right Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the right canine.

Maxillary Anteriors, Lingual Aspect: Surfaces Away



Figure 5-69. Mirror. Position the mirror head so that the lingual surfaces of the teeth can be seen. **Technique hint:** your dominant hand is positioned correctly if you can see the underside of your middle and ring fingers.

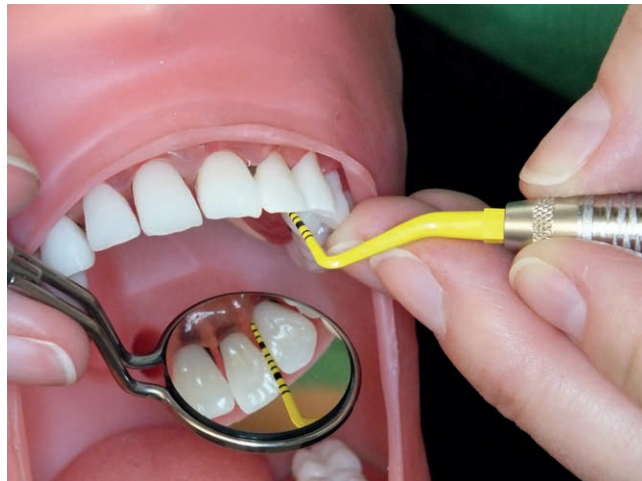


Figure 5-70. Task 1—Mesial Surface of the Left Canine.

- Finger rest on an occlusal surface.
- Place the instrument tip on the mesial surface of the left canine.

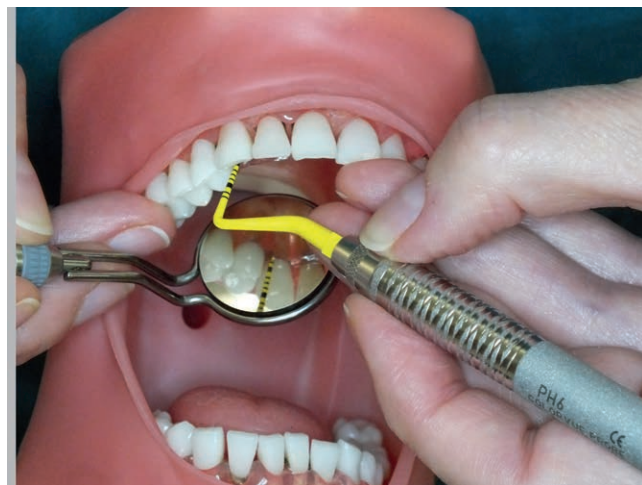


Figure 5-71. Task 2—Distal Surface of the Right Canine.

- Finger rest on an incisal edge.
- Place the instrument tip on the distal surface of the right canine.

REFERENCE SHEET FOR ANTERIOR TREATMENT AREAS FOR THE LEFT-HANDED CLINICIAN

Photocopy this reference sheet in Table 5-3 and use it for quick reference as you practice your skills. Place the photocopied reference sheet in a plastic page protector for longer use.

TABLE 5-3. REFERENCE SHEET: ANTERIOR TREATMENT AREAS		
Treatment Area	Clock Position	Patient's Head
Mandibular Teeth		
Facial Surfaces TOWARD	4:00–3:00	Slightly toward Chin DOWN
Lingual Surfaces TOWARD		
Facial Surfaces AWAY	11:00–1:00	
Lingual Surfaces AWAY		
Maxillary Teeth		
Facial Surfaces TOWARD	4:00–3:00	Slightly toward Chin UP
Lingual Surfaces TOWARD		
Facial Surfaces AWAY	11:00–1:00	
Lingual Surfaces AWAY		

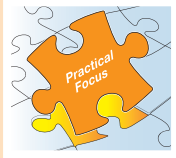
LEFT-HANDED CLINICIAN

References

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Section 5

Skill Application



PRACTICAL FOCUS

Evaluation of Position, Grasp, and Finger Rest

Evaluate the photographs shown in Figures 5-72 to 5-75 for position, grasp, and finger rest. For each incorrect element describe (a) how the problem could be corrected and (b) the musculoskeletal problems that could result from each positioning problem.



Figure 5-72. Photo 1.



Figure 5-73. Photo 2.



Figure 5-74. Photo 3.



Figure 5-75. Photo 4.

Student Self Evaluation Module 5: Mirror and Finger Rests in Anterior Sextants

Student: _____

Date: _____

Area 1 = mandibular anteriors, facial aspect

Area 2 = mandibular anteriors, lingual aspect

Area 3 = maxillary anteriors, facial aspect

Area 4 = maxillary anteriors, lingual aspect

DIRECTIONS: Self-evaluate your skill level in each treatment area as: **S** (satisfactory) or **U** (unsatisfactory).

Criteria				
Positioning/Ergonomics	Area 1	Area 2	Area 3	Area 4
Adjusts clinician chair correctly				
Reclines patient chair and assures that patient's head is even with top of headrest				
Positions instrument tray within easy reach for front, side, or rear delivery as appropriate for operatory configuration				
Positions unit light at arm's length or dons dental headlight and adjusts it for use				
Assumes the recommended clock position				
Positions backrest of patient chair for the specified arch and adjusts height of patient chair so that clinician's elbows remain at waist level when accessing the specified treatment area				
Asks patient to assume the head position that facilitates the clinician's view of the specified treatment area				
Maintains neutral position				
Directs light to illuminate the specified treatment area				
Instrument Grasp: Dominant Hand	Area 1	Area 2	Area 3	Area 4
Grasps handle with tips of finger pads of index finger and thumb so that these fingers are opposite each other on the handle, but do NOT touch or overlap				
Rests pad of middle finger lightly on instrument shank; middle finger makes contact with ring finger				
Positions the thumb, index, and middle fingers in the "knuckles up" convex position; hyperextended joint position is avoided				
Holds ring finger straight so that it supports the weight of hand and instrument; ring finger position is "advanced ahead of" the other fingers in the grasp				
Keeps index, middle, ring, and little fingers in contact; "like fingers inside a mitten"				
Maintains a relaxed grasp; fingers are NOT blanched in grasp				
Finger Rest: Dominant Hand	Area 1	Area 2	Area 3	Area 4
Establishes secure finger rest that is appropriate for tooth to be treated				
Once finger rest is established, pauses to self-evaluate finger placement in the grasp, verbalizes to evaluator his/her self-assessment of grasp, and corrects finger placement if necessary				