

# FPC 2 Exam 2 - Periodontal Screening and Recording (PSR) and Probing Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. In AxiUm, recording plaque on the perio chart yields what?**
  - A. A plaque index score**
  - B. Not recorded**
  - C. A visual estimation only**
  - D. Zero calculation**
  
- 2. PSR Code 1 is characterized by which combination?**
  - A. Bleeding present, no calculus, PD below black band <3.5mm**
  - B. Bleeding present, calculus present, PD below black band <3.5mm**
  - C. No bleeding, calculus present, PD above black band >3.5mm**
  - D. Bleeding absent, calculus absent, PD below black band <3.5mm**
  
- 3. Which of the following is a sign of periodontal disease when probing?**
  - A. Bleeding/suppuration/inflammation**
  - B. Rolled, red gingiva**
  - C. 4mm+ probing depths**
  - D. Probe touches roots below CEJ**
  
- 4. How is CAL calculated when there is gingival overgrowth?**
  - A.  $CAL = PD - (CEJ - GM)$**
  - B.  $CAL = PD + (CEJ - GM)$**
  - C.  $CAL = GM - CEJ$**
  - D.  $CAL = PD$**
  
- 5. Zone 1 corresponds to which surface?**
  - A. F**
  - B. DL**
  - C. DF**
  - D. MF**

- 6. Which PSR code corresponds to PD 3.5-5.5 mm with black band partly visible?**
- A. Code 2**
  - B. Code 3**
  - C. Code 4**
  - D. Code 0**
- 7. NOT a criterion for PSR Code 2?**
- A. PD Above 5.5 mm**
  - B. Bleeding**
  - C. Calculus**
  - D. PD Below 3.5 mm**
- 8. Each dash on a Nabers probe represents how many millimeters?**
- A. 2**
  - B. 4**
  - C. 5**
  - D. 3**
- 9. What markings are on the PSR probe?**
- A. 2.0, 4.0, 6.0, 9.0**
  - B. 3.5, 5.5, 8.5, 11.5**
  - C. 1.5, 3.0, 4.5, 6.0**
  - D. 3.0, 6.0, 9.0, 12.0**
- 10. What does BLD/SP stand for in AxiUm?**
- A. Bleeding on probing**
  - B. Suppuration**
  - C. Bleeding on probing with pus**
  - D. Bleeding on probing/suppuration**

## Answers

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1. D
2. A
3. C
4. A
5. C
6. B
7. A
8. D
9. B
10. D

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## **Explanations**

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**1. In AxiUm, recording plaque on the perio chart yields what?**

- A. A plaque index score**
- B. Not recorded**
- C. A visual estimation only**
- D. Zero calculation**

When you enter plaque on the perio chart in AxiUm, it's documented for hygiene status and treatment planning, but it doesn't generate a numeric score. The software doesn't calculate a plaque index from this entry, so there's no numerical value attached to plaque—essentially, it yields zero calculation. In other words, plaque is recorded as a visual/documentation finding and doesn't affect the PSR/periodontal calculations automatically.

**2. PSR Code 1 is characterized by which combination?**

- A. Bleeding present, no calculus, PD below black band <3.5mm**
- B. Bleeding present, calculus present, PD below black band <3.5mm**
- C. No bleeding, calculus present, PD above black band >3.5mm**
- D. Bleeding absent, calculus absent, PD below black band <3.5mm**

Understanding PSR coding, the key idea is that a sextant is scored based on gingival bleeding on probing, presence of calculus or defective margins, and the probing depth relative to the 3.5 mm threshold marked by the black band. The described combination—bleeding on probing, no calculus or defective margins, and probing depth less than 3.5 mm (below the black band)—matches the code for a PSR assessment where inflammation is present but pockets are shallow and there are no calculus deposits. Bleeding shows gingival inflammation, while the absence of calculus or defective margins means there are no local contributing factors detected in that sextant, and the shallow depth (<3.5 mm) confirms there are no deeper pockets. If calculus were present, or if the depth guidelines changed (for example, depths in the 3.5-5.5 mm range), that would place the sextant in a different PSR category. Similarly, if there were no bleeding, the score would be a different code.

**3. Which of the following is a sign of periodontal disease when probing?**

- A. Bleeding/suppuratation/inflammation**
- B. Rolled, red gingiva**
- C. 4mm+ probing depths**
- D. Probe touches roots below CEJ**

Probing depth is a direct measure of pocket formation. Normal sulcus depth is about 1-3 mm; when a measurement reaches 4 mm or more, it signifies a periodontal pocket resulting from detachment of the gingival fibers and apical migration of the junctional epithelium. This reflects attachment loss and underlying bone changes, a clear sign of periodontal disease when assessed by probing. Bleeding on probing shows gingival inflammation but isn't itself a definitive sign of disease severity or pocketing. Rolled, red gingiva also indicates inflammation rather than a probing-detected pocket. Touching roots below the CEJ suggests recession or exposure of root surfaces, which can occur with or without active pocketing and doesn't directly indicate probing-detected periodontal disease. Thus, 4 mm or greater probing depth is the best indicator among these options.

**4. How is CAL calculated when there is gingival overgrowth?**

- A.  $CAL = PD - (CEJ - GM)$**
- B.  $CAL = PD + (CEJ - GM)$**
- C.  $CAL = GM - CEJ$**
- D.  $CAL = PD$**

CAL is the distance from the cemento-enamel junction (CEJ) to the base of the pocket. When gingival overgrowth occurs, the gingival margin sits above the CEJ, so the CEJ-gingival margin distance is negative. To get the true attachment level, you subtract this negative margin from the pocket depth, which is the same as adding the amount the margin is coronal to the CEJ to the pocket depth. That is why  $CAL = PD - (CEJ - GM)$  is used. For example, if the probing depth is 3 mm and the gingival margin sits 1 mm coronal to the CEJ ( $CEJ - GM = -1$  mm),  $CAL = 3 - (-1) = 4$  mm. The other forms either ignore the margin position, use the wrong sign, or mix up distances, so they don't accurately reflect attachment when the gingival margin is displaced coronally.

**5. Zone 1 corresponds to which surface?**

- A. F**
- B. DL**
- C. DF**
- D. MF**

Zone 1 is mapped to the distal facial surface. The two-letter surface label DF stands for distal (toward the back) and facial (toward the cheek), which exactly matches the zone 1 designation in PSR surface zoning. The other options describe different surfaces (F is facial only, DL is distal-lingual, MF is mesial-facial) and don't correspond to zone 1.

**6. Which PSR code corresponds to PD 3.5-5.5 mm with black band partly visible?**

- A. Code 2
- B. Code 3**
- C. Code 4
- D. Code 0

The PSR coding is based on how deep the pockets are and how the black band on the PSR probe appears. The black band marks the 3.5 to 5.5 mm range. When a sextant shows a pocket depth in that range and the band is only partly visible, that matches the code assigned for moderate pockets. So the pocket depth of 3.5-5.5 mm with the band partly visible corresponds to the code three. If the depth were shallower ( $\leq 3.5$  mm), you'd see a different code, and if it were deeper than 5.5 mm, the band would be fully visible, corresponding to code four.

**7. NOT a criterion for PSR Code 2?**

- A. PD Above 5.5 mm**
- B. Bleeding
- C. Calculus
- D. PD Below 3.5 mm

In PSR, codes categorize a sextant based on pocket depth bands and signs like bleeding or calculus. Code 2 is used when there are shallow pockets up to 3.5 mm and there is additional sign such as calculus or defective margins, or bleeding on probing. This reflects some periodontal involvement without deeper pockets. Pockets deeper than 3.5 mm but up to 5.5 mm fall into Code 3, and pockets deeper than 5.5 mm fall into Code 4. Therefore, probing depths above 5.5 mm are not a criterion for Code 2; that finding corresponds to Code 4. Bleeding and calculus with shallow pockets, or defective margins, fit Code 2, which is why those options align with Code 2.

**8. Each dash on a Nabers probe represents how many millimeters?**

- A. 2
- B. 4
- C. 5
- D. 3**

The Nabers probe is calibrated in larger, 3-millimeter steps along its scale. Each dash marks a 3 mm increment, which lets clinicians quickly estimate pocket or furcation depths in challenging areas. When you insert the curved tip to the base and read the depth, you're effectively counting how many 3 mm segments you've reached. That's why the dash represents 3 millimeters.

**9. What markings are on the PSR probe?**

- A. 2.0, 4.0, 6.0, 9.0
- B. 3.5, 5.5, 8.5, 11.5**
- C. 1.5, 3.0, 4.5, 6.0
- D. 3.0, 6.0, 9.0, 12.0

PSR probes are designed with four depth indicators that help you quickly gauge pocket depths and assign a screening code. The marks are at 3.5 mm, 5.5 mm, 8.5 mm, and 11.5 mm. These preset points give you immediate reference depths as you probe each sextant, so you don't have to estimate, and the deepest reading in a sextant is used to determine the PSR code. The other number sets don't correspond to the standard PSR markings.

**10. What does BLD/SP stand for in AxiUm?**

- A. Bleeding on probing
- B. Suppuration
- C. Bleeding on probing with pus
- D. Bleeding on probing/suppuration**

In AxiUm, the notation BLD/SP is a shorthand used in periodontal screening to capture two findings observed during probing. BLD stands for bleeding on probing, a sign of gingival inflammation, while SP stands for suppuration, meaning pus is present. The slash between them shows that both signs are present in the same sextant or site. So the meaning is bleeding on probing with suppuration. This combination indicates an active infection and typically calls for prompt clinical attention. If only one sign were present, you would document just that separately (bleeding on probing or suppuration). The term "with pus" in plain language corresponds to suppuration, but the standard AxiUm abbreviation uses SP for that finding.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://fpc2exam2psrprobing.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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