

# 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. Zone 3 corresponds to which surface?**
  - A. ML**
  - B. MF**
  - C. F**
  - D. DL**
  
- 2. Which statement accurately reflects PSR?**
  - A. It requires full radiographic assessment.**
  - B. It provides tooth-by-tooth depth measurements for all teeth.**
  - C. It is rapid, simple, and cost-effective.**
  - D. It replaces the need for any periodontal exam.**
  
- 3. How is MGI determined during examination?**
  - A. By probing vertically at the marginal gingiva**
  - B. By running a probe horizontally from the vestibule toward the gingival margin with light pressure**
  - C. By palpating externally**
  - D. By taking radiographs**
  
- 4. GM-CEJ distance measurement is defined as what?**
  - A. The distance between the CEJ and root apex**
  - B. The distance from mucogingival junction to CEJ**
  - C. The distance between the gingival margin and the cemento-enamel junction**
  - D. The distance from contact point to CEJ**
  
- 5. Nabers probe determines which during a periodontal exam?**
  - A. The extent of horizontal attachment loss in furcation areas**
  - B. The depth of pockets**
  - C. The depth of sulcus**
  - D. The width of attached gingiva**

- 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. How is CAL calculated when there is gingival recession?**
- A. PD - GM-CEJ distance**
  - B. PD + CEJ distance**
  - C. PD**
  - D. PD + GM-CEJ distance**
- 8. Each dash on a Nabers probe represents how many millimeters?**
- A. 2**
  - B. 4**
  - C. 5**
  - D. 3**
- 9. Which statement defines attachment level (CAL) in periodontal probing?**
- A. The distance from the cemento-enamel junction to the gingival margin**
  - B. The distance from the gingival margin to the tooth apex**
  - C. The distance from the mucogingival junction to the CEJ**
  - D. The distance from the occlusal plane to the CEJ**
- 10. Which statement best describes the GM-CEJ distance?**
- A. GM-CEJ distance is always positive**
  - B. GM-CEJ distance is always negative**
  - C. GM-CEJ distance is measured from the gingival margin to the CEJ**
  - D. GM-CEJ distance is not used in periodontal assessment**

## Answers

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

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## **Explanations**

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### 1. Zone 3 corresponds to which surface?

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

In PSR probing, zones map to specific surfaces around a tooth, helping you quickly record findings by location. Zone 3 corresponds to the surface between the mesial and facial directions, which is the mesiofacial surface. That's why the correct surface designation for zone 3 is mesiofacial (MF). It's different from a pure facial surface (F) or surfaces like mesiolingual (ML) or distolingual (DL), which align with other zones.

### 2. Which statement accurately reflects PSR?

- A. It requires full radiographic assessment.
- B. It provides tooth-by-tooth depth measurements for all teeth.
- C. It is rapid, simple, and cost-effective.**
- D. It replaces the need for any periodontal exam.

PSR is a rapid screening tool used to quickly flag potential periodontal problems and steer patients toward a full evaluation. It uses a specially designed probe to assess sextants and records a single code for each sextant that reflects the deepest probing depth found, along with the presence of calculus, defective margins, or bleeding. This approach keeps the process fast, simple, and cost-effective, which is why it's valued as a screening method rather than a complete diagnostic chart. It does not require full radiographs as part of the screening, and it does not provide tooth-by-tooth pocket depth measurements for every tooth. A full periodontal exam with charting and radiographs is still needed if PSR indicates deeper pockets or other concerns.

### 3. How is MGI determined during examination?

- A. By probing vertically at the marginal gingiva
- B. By running a probe horizontally from the vestibule toward the gingival margin with light pressure**
- C. By palpating externally
- D. By taking radiographs

The main idea is that this index assesses gingival inflammation by evaluating the gingival margin with a gentle, surface-level probe stroke. You determine the Modified Gingival Index by moving the probe horizontally from the vestibule toward the gingival margin with light pressure. This horizontal, non-deep approach focuses on the soft-tissue appearance at the margin—color, contour, consistency, and whether bleeding occurs—so you can gauge inflammatory change without entering the sulcus or measuring pocket depth. Why this is the best method here: gingival inflammation is reflected in surface tissue changes at the margin, not in how deep the pocket is, which is what vertical probing or radiographs would reveal. External palpation doesn't assess the gingival tissue in the same way, and radiographs show bone/crest relationships rather than the inflammatory state of the gingiva itself. The horizontal probing method minimizes tissue trauma while directly assessing the marginal gingiva for signs of inflammation, which is exactly what the Modified Gingival Index aims to quantify.

**4. GM-CEJ distance measurement is defined as what?**

- A. The distance between the CEJ and root apex
- B. The distance from mucogingival junction to CEJ
- C. The distance between the gingival margin and the cemento enamel junction**
- D. The distance from contact point to CEJ

The measurement uses the gingival margin as the soft-tissue border and the cemento enamel junction as the fixed bony landmark to quantify how far the gingiva extends or recedes along the tooth. In this context, the distance from the gingival margin to the CEJ tells you how much gingival recession there is (a larger distance means more recession when the margin is apical to the CEJ; if the margin is coronal to the CEJ, the distance decreases). This is why the correct description is the distance between the gingival margin and the cemento enamel junction. The other options describe different landmarks: CEJ to root apex is a root length, mucogingival junction to CEJ is a different reference point, and the distance from a contact point to the CEJ does not involve the gingival margin.

**5. Nabers probe determines which during a periodontal exam?**

- A. The extent of horizontal attachment loss in furcation areas**
- B. The depth of pockets
- C. The depth of sulcus
- D. The width of attached gingiva

The Nabers probe is used to assess furcation involvement by measuring horizontal bone loss in the furcation areas of multi-rooted teeth. Its curved, slender tip lets you enter the furcation space and determine how far the loss extends between roots, which reflects horizontal attachment loss. This differs from pocket depth or sulcus depth, which are measured with a standard periodontal probe along the tooth sides, and from the width of attached gingiva, which involves evaluating the mucogingival junction and gingival margin. So its main purpose is to reveal the extent of horizontal attachment loss in furcation areas.

**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. How is CAL calculated when there is gingival recession?

- A. PD - GM-CEJ distance
- B. PD + CEJ distance
- C. PD
- D. PD + GM-CEJ distance**

The essential idea is that CAL (Clinical Attachment Level) is the distance from the cementoenamel junction to the base of the pocket. When gingival recession is present, the gingival margin sits apical to the CEJ, so you must add the amount of recession to the probing depth to get CAL. In other words,  $CAL = \text{probing depth} + \text{the distance from the CEJ to the gingival margin (the recession distance)}$ . If the gingival margin has receded 2 mm apically from the CEJ and the probing depth is 5 mm, CAL would be 7 mm. This approach is better than just using probing depth, which would miss recession, and it aligns with using the recession distance (GM-CEJ) as the added component.

## 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. Which statement defines attachment level (CAL) in periodontal probing?

- A. The distance from the cementoenamel junction to the gingival margin**
- B. The distance from the gingival margin to the tooth apex
- C. The distance from the mucogingival junction to the CEJ
- D. The distance from the occlusal plane to the CEJ

Attachment level is anchored to the cementoenamel junction and reflects how far the periodontal attachment has moved along the tooth surface. The distance from the CEJ to the gingival margin serves as the practical way to express this, because the CEJ is a fixed reference point and the gingival margin marks where the soft tissue boundary sits on the tooth. When the gingival margin recedes apically, that distance increases and contributes to attachment loss; when the margin is coronal to the CEJ due to overgrowth, that distance decreases. The other options refer to distances that don't describe the tooth's attached dentoalveolar apparatus (to the tooth apex, to the mucogingival junction, or to the occlusal plane).

**10. Which statement best describes the GM-CEJ distance?**

- A. GM-CEJ distance is always positive**
- B. GM-CEJ distance is always negative**
- C. GM-CEJ distance is measured from the gingival margin to the CEJ**
- D. GM-CEJ distance is not used in periodontal assessment**

The main idea is how GM-CEJ distance is defined and used. It is the measurement from the gingival margin to the cementoenamel junction along the tooth. This direction is what defines the value you record: you're documenting how far the gingival margin sits from the CEJ, which helps identify gingival recession (when the margin is apical to the CEJ, recession is present and the distance increases). The key is that the measurement is described by where you start and end—from GM to CEJ—rather than implying it must always be a positive or always a negative value. The other statements mislead about sign or omit the practical use of this measurement in periodontal assessment.

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## 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!**