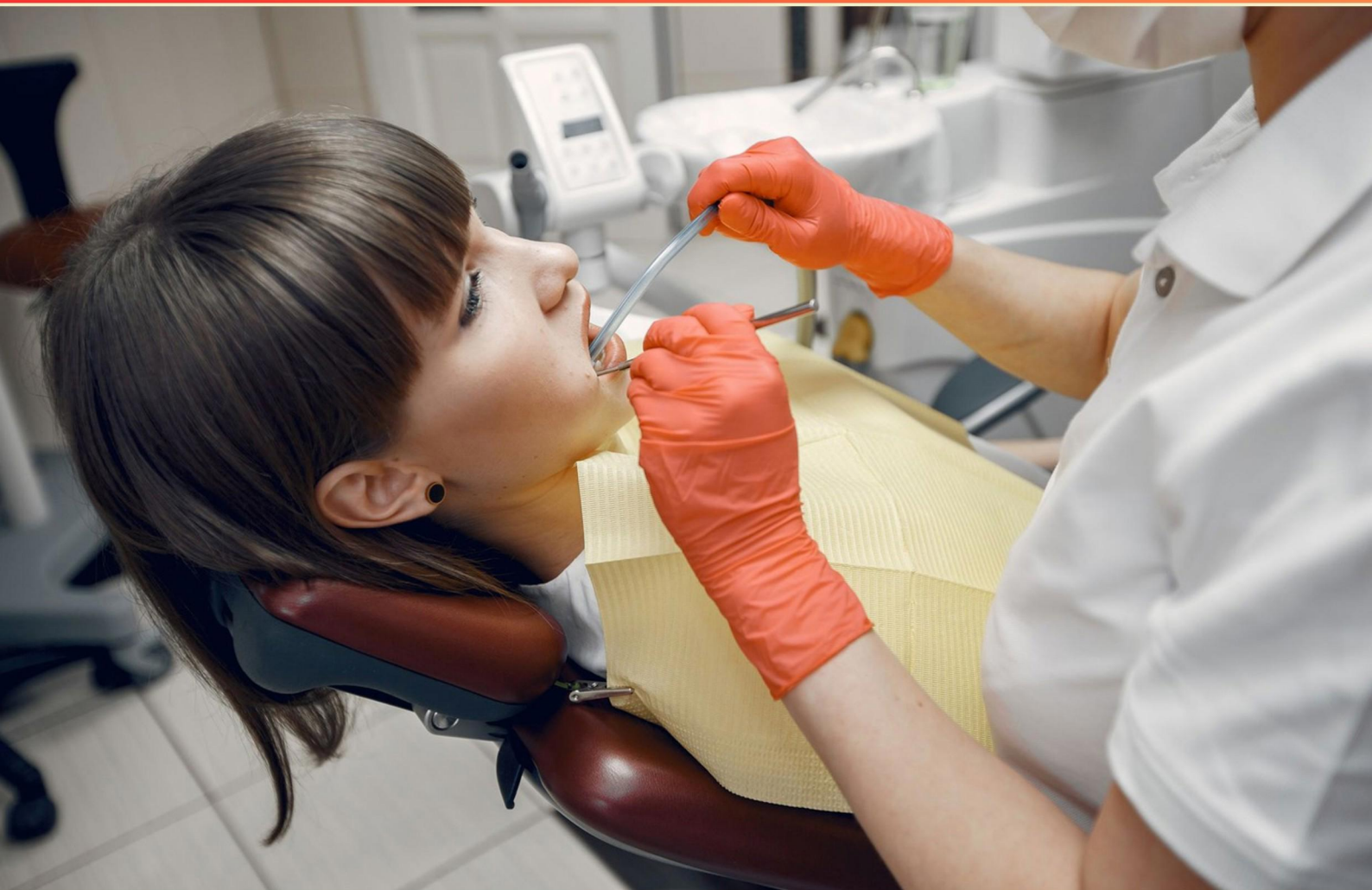


FPC 2 EXAM 2 – PERIODONTAL SCREENING AND RECORDING (PSR) AND PROBING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. What best describes Code 2 in PSR?

- A. Code 1 indicates calculus.
- B. Code 3 indicates pockets 4-5 mm.
- C. Code 2 indicates presence of calculus or defective margins in the sextant, with pocket depths ≤ 3.5 mm.
- D. Code 4 indicates pockets ≥ 6 mm.

2. What is a practical reason PSR uses six sextants?

- A. To ensure standardized, efficient screening that covers all regions of the mouth and identifies areas needing full evaluation.
- B. To complicate the process unnecessarily.
- C. To allow for variable sampling.
- D. To focus only on anterior teeth.

3. Why is a walking stroke used during probing?

- A. To speed up the exam
- B. To avoid touching the tooth
- C. To limit probing to the buccal aspect
- D. To cover entire circumference of sulcus since junctional epithelium is not always uniform depth

4. What is the name of the standard periodontal probe used for probing?

- A. Williams Probe
- B. Florida Probe
- C. UNC 12 Probe
- D. Ohio Probe

5. Which describes a limitation of PSR?

- A. Takes significantly longer to perform than full exam
- B. Provides detailed tooth-by-tooth charts for maintenance
- C. Doesn't provide a tooth-by-tooth assessment for later comparison during maintenance
- D. Requires radiographs for all sextants

6. What is the first step in PSR recording?

- A. Check 6 Sites On Each Tooth
- B. Record Highest Code In Each Sextant Box
- C. Divide Mouth Into Six Sextants
- D. Use PSR Code For Each Sextant

7. What is the relationship between PSR and caries detection?

- A. PSR focuses on periodontal status; caries assessment is separate and does not determine PSR codes.
- B. PSR includes caries scoring.
- C. Caries scoring determines PSR codes.
- D. Caries cannot be detected by any screening.

8. What is the recommended technique for probing around a single tooth?

- A. Probe the six standard sites around the tooth (MB, B, DB, ML, L, DL) with consistent technique and record the deepest sextant reading.
- B. Probe only two sites.
- C. Probe randomly with no standardization.
- D. Do not probe, use radiographs only.

9. In a patient with recession on a sextant but otherwise normal pockets, how might this affect PSR coding?

- A. The star is not used in this case.
- B. Recession may trigger a star; the basic code may remain low, but the star signals additional concerns requiring further evaluation.
- C. The code automatically becomes 4.
- D. The exam must be stopped.

10. Which finding during probing indicates tissue inflammation?

- A. No bleeding
- B. Color change only
- C. Bleeding on probing
- D. Mobility

Answers

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

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Explanations

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1. What best describes Code 2 in PSR?

- A. Code 1 indicates calculus.
- B. Code 3 indicates pockets 4-5 mm.
- C. Code 2 indicates presence of calculus or defective margins in the sextant, with pocket depths ≤ 3.5 mm.**
- D. Code 4 indicates pockets ≥ 6 mm.

Code 2 in PSR means there's calculus or defective margins in a sextant, with pocket depths up to 3.5 mm. This combination signals local factors that can be addressed without needing deeper pocket therapy yet—the calculus or margin defect is the issue, not advanced pocketing. So, you'd clean and smooth the margins or remove calculus and then recheck the sextant to see if the code improves. If the pockets stay shallow and the calculus/margins are resolved, you'd move toward a healthier code; if deeper pockets or other problems emerge, higher codes would be considered (4 mm to 5 mm pockets for Code 3, or 6 mm or more for Code 4). The other options describe different findings: bleeding on probing without calculus, or pockets that are deeper, which is why they don't describe Code 2.

2. What is a practical reason PSR uses six sextants?

- A. To ensure standardized, efficient screening that covers all regions of the mouth and identifies areas needing full evaluation.**
- B. To complicate the process unnecessarily.
- C. To allow for variable sampling.
- D. To focus only on anterior teeth.

Dividing the mouth into six sextants allows PSR to screen efficiently while still guaranteeing full-mouth coverage. By inspecting each sextant with a single probe pass and assigning a code, the clinician can quickly flag any region that needs more detailed probing and recording, without performing a full mouth pocket depth map for every patient at every visit. This standardization ensures the entire dentition—both anterior and all posterior teeth—is evaluated, so localized disease won't be missed. If a sextant shows signs of potential periodontal problems, that region is earmarked for full evaluation, guiding referral or treatment planning. This approach keeps the exam time-efficient for busy practices and provides a consistent framework across patients. It's not about complicating the process or sampling variably; it's about comprehensive, efficient screening that includes posterior teeth rather than focusing only on the front.

3. Why is a walking stroke used during probing?

- A. To speed up the exam
- B. To avoid touching the tooth
- C. To limit probing to the buccal aspect
- D. To cover entire circumference of sulcus since junctional epithelium is not always uniform depth**

The main idea is that probing must follow the sulcus around the entire tooth to map its true depth. A walking stroke lets the tip move gently along the tooth, advancing in small steps so you maintain contact with the base of the sulcus as you progress around its circumference. This approach is necessary because the junctional epithelium depth isn't uniform all the way around a tooth. Some areas can be deeper or shallower due to inflammation, anatomy, or irregular root surfaces. By walking the probe around the sulcus, you don't miss these variations and you accurately identify the deepest readings around the whole circumference. Other options don't fit because they describe aims like speeding the exam, avoiding contact with the tooth, or limiting measurement to just one surface. The walking stroke specifically ensures complete circumferential assessment, which is why it's the correct approach.

4. What is the name of the standard periodontal probe used for probing?

- A. Williams Probe
- B. Florida Probe
- C. UNC 12 Probe**
- D. Ohio Probe

The UNC-12 probe is the standard tool for periodontal probing because it provides precise, uniform 1-mm markings along a 12-mm scale. This design allows consistent measurement of sulcus and pocket depths up to 12 mm, which is essential for accurate charting, monitoring changes over time, and clear communication in clinical records. Its widespread use in textbooks, exams, and daily practice has made UNC-12 the go-to instrument for routine probing. Other probes exist with different marking schemes or uses (for example, some are computerized or have alternative scales), but they are not the standard manual instrument used for routine probing.

5. Which describes a limitation of PSR?

- A. Takes significantly longer to perform than full exam
- B. Provides detailed tooth-by-tooth charts for maintenance
- C. Doesn't provide a tooth-by-tooth assessment for later comparison during maintenance**
- D. Requires radiographs for all sextants

PSR is a quick screening method that records a single code for each sextant rather than a full tooth-by-tooth chart. Because only sextant-wide data are captured, it doesn't provide detailed pocket depths for individual teeth to track changes over time during maintenance. That limitation is precisely why this item describes PSR as not giving a tooth-by-tooth assessment for later comparison. In contrast, the other statements don't fit: PSR is designed to be faster than a full exam, it does not produce detailed tooth-by-tooth charts, and radiographs are not required for PSR (though they may be used in the full assessment if indicated).

6. What is the first step in PSR recording?

- A. Check 6 Sites On Each Tooth
- B. Record Highest Code In Each Sextant Box
- C. Divide Mouth Into Six Sextants**
- D. Use PSR Code For Each Sextant

Dividing the mouth into six sextants is the first step because PSR is designed to give a quick, region-based snapshot of periodontal health. By partitioning the mouth, you create six areas to summarize with a single code each, rather than charting every tooth individually. After this division, you probe within each sextant and identify the highest PSR code observed in that sextant; that code is what you record for the sextant. This approach streamlines screening and highlights areas needing full evaluation. The other actions described don't reflect the initial sequence of PSR data collection.

7. What is the relationship between PSR and caries detection?

- A. PSR focuses on periodontal status; caries assessment is separate and does not determine PSR codes.**
- B. PSR includes caries scoring.
- C. Caries scoring determines PSR codes.
- D. Caries cannot be detected by any screening.

PSR is a quick, focused screening tool for periodontal health. It assigns codes based on the deepest probing depth and other periodontal signs (such as bleeding, calculus, recession, and furcation indications) in each sextant. This system is specifically designed to gauge periodontal status and determine the need for more thorough periodontal assessment or referral. It does not incorporate caries findings into the PSR code, because caries is a separate disease process that is assessed and recorded independently. In practice, you would chart the PSR code for periodontal health and, on a separate note, record caries status using appropriate caries surveys or indices (such as DMF or ICDAS) and radiographs if needed. The presence of caries won't change the PSR code, though both conditions are important for overall oral health planning.

8. What is the recommended technique for probing around a single tooth?

- A. Probe the six standard sites around the tooth (MB, B, DB, ML, L, DL) with consistent technique and record the deepest sextant reading.**
- B. Probe only two sites.
- C. Probe randomly with no standardization.
- D. Do not probe, use radiographs only.

Probing around a single tooth uses six standard sites on each tooth to map pocket depth across all surfaces with a consistent technique. This approach catches variation where a disease pocket may exist on one surface but not others, ensuring no area is overlooked. Applying a uniform probing force and technique provides reliable, comparable measurements over time. Recording the deepest reading among those sites captures the most severe involvement, which is critical for prognosis and planning treatment. Probing only two sites could miss pockets elsewhere on the tooth, and probing randomly with no standardization leads to inconsistent data. Relying on radiographs alone cannot measure true pocket depth or soft-tissue health, so it cannot substitute for careful clinical probing.

9. In a patient with recession on a sextant but otherwise normal pockets, how might this affect PSR coding?

- A. The star is not used in this case.
- B. Recession may trigger a star; the basic code may remain low, but the star signals additional concerns requiring further evaluation.**
- C. The code automatically becomes 4.
- D. The exam must be stopped.

In PSR, a star flags conditions that need further evaluation beyond the basic pocket-depth score. If pockets are otherwise normal but there is recession, the basic sextant code can stay low because pocket depth isn't elevated, but the recession still signals attachment loss that warrants closer inspection. The star serves as a reminder to perform a full periodontal assessment—checking attachment levels, mobility, furcation, and other factors—and to plan appropriate management. This is why the correct interpretation is that recession may trigger a star, while the basic code remains low, and no automatic jump to a higher code or cessation of the exam is implied.

10. Which finding during probing indicates tissue inflammation?

- A. No bleeding
- B. Color change only
- C. Bleeding on probing
- D. Mobility

Bleeding on probing reflects tissue inflammation. When gingival tissue is inflamed, the capillaries beneath the sulcular epithelium become dilated and fragile. The act of inserting and moving a probe into the sulcus disrupts these delicate tissues, causing blood to appear. This direct bleeding response during probing is a reliable sign that the gingiva is inflamed and actively reacting to irritation or bacterial plaque, which is the hallmark of gingivitis and can indicate periodontal involvement. No bleeding suggests the tissue is healthy or not actively inflamed, so it isn't a sign of active inflammation. A color change alone can be due to pigmentation or staining and doesn't specifically indicate inflammation. Mobility indicates loss of supporting structures around the tooth, which is related to periodontal destruction rather than the immediate inflammatory status of the gingival tissues. Thus, bleeding on probing is the best indicator of tissue inflammation during probing.

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.

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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