Periodontics

National Dental Examining Board of Canada (NDEB) Virtual OSCE and Assessment of Fundamental Knowledge (AFK)

About 14% of the Virtual OSCE · 4 topics · 2026 blueprint

Periodontics covers the diagnosis, classification and treatment of gingival and periodontal diseases and the management of risk factors such as smoking and diabetes. It is about 14% of the Virtual OSCE in NDEB's 2026 blueprint. Questions ask you to read charting and radiographs, assign a stage and grade, link the disease to systemic factors or drugs, and choose non-surgical, surgical, antimicrobial or maintenance care.

You should be able to: A 30 year old has 30% bone loss at the worst site. What grade is suggested by bone loss alone, and what changes it?

Every topic: the key point and the trap

PE-1 Staging and grading periodontitis

Under the 2017 classification, stage reflects severity and complexity: Stage I interdental clinical attachment loss (CAL) 1 to 2 mm, Stage II 3 to 4 mm, Stage III 5 mm or more with up to 4 teeth lost to periodontitis, Stage IV 5 mm or more with 5 or more teeth lost or a need for complex rehabilitation.

Trap: Staging from probing depth alone. Stage is anchored on interdental attachment loss; deep pockets from gingival enlargement without attachment loss are not periodontitis.

PE-2 Systemic links and drug effects

Diabetes and periodontitis are linked in both directions: poor glycemic control worsens periodontitis, and treating periodontitis can modestly lower HbA1c.

Trap: Telling the patient to stop the medication. Drug changes are the physician's decision; the dental role is to identify the link and request consultation.

PE-3 Non-surgical therapy and antimicrobials

Step 1 of care is plaque control, risk factor control (smoking cessation, glycemic control) and removal of plaque retentive factors such as overhangs.

Trap: Prescribing antibiotics without mechanical debridement. Biofilm must be disrupted; antibiotics alone do not resolve periodontal infection.

PE-4 Surgery, furcations and maintenance

Residual pockets of 6 mm or more with bleeding after non-surgical therapy are candidates for surgical access, regenerative or resective therapy.

Trap: Going to surgery before reassessing. Many pockets resolve after instrumentation and plaque control; surgery is planned only for residual sites.

Key terms

Clinical attachment loss: Distance from the cementoenamel junction to the base of the pocket; the basis of periodontitis staging.

Stage: Severity and complexity of periodontitis on a scale of I to IV.

Grade: Rate of periodontitis progression and risk, A (slow) to C (rapid).

Bleeding on probing: Bleeding after gentle probing; a sign of inflammation, its absence is a strong sign of stability.

Scaling and root planing: Mechanical removal of subgingival plaque and calculus from root surfaces.

Intrabony defect: A vertical bone defect whose base is apical to the surrounding bone crest; classified by the number of remaining walls.

Furcation involvement: Bone loss between the roots of a multirooted tooth, graded by horizontal probe penetration.

Drug-influenced gingival enlargement: Gingival overgrowth caused by drugs such as phenytoin, cyclosporine or calcium channel blockers.

Necrotizing gingivitis: Painful necrosis of papillae with bleeding and fetor, linked to stress, smoking and immunosuppression.

Periodontal maintenance: Ongoing recall care, often every 3 months, after active periodontal therapy.

ExamDragon, examdragon.com/ndeb. Independent exam preparation, not affiliated with or endorsed by the National Dental Examining Board of Canada (NDEB); written in our own words to NDEB's 2026 Virtual OSCE blueprint. NDEB is a trademark of the National Dental Examining Board of Canada, used only to name the exam.