



# Community Periodontal Index (CPI) Guide for IHS, Tribal, and Urban Dental Programs

## History

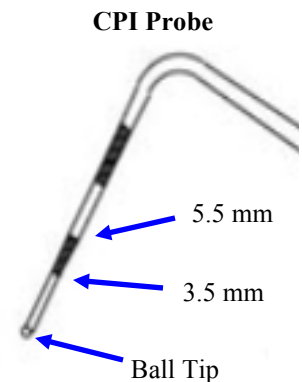
The Community Periodontal Index (CPI, formerly called the Community Periodontal Index of Treatment Needs or CPITN) was created in 1978 by the World Health Organization (WHO) to provide a global standard for screening periodontal disease in populations. In 1992, the Periodontal Screening and Recording (PSR) index was created by the American Dental Association in collaboration with the American Academy of Periodontology. However, these two indices are essentially the same and form the cornerstone of periodontal screening prior to diagnosis and treatment.

## What is meant by an index?

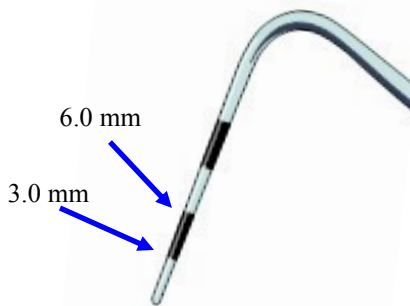
An index is a screening only. It does not replace the need for a comprehensive periodontal examination when indicated. A periodontal examination should be completed on any patient where periodontal therapy such as scaling and root planning (SRP) is planned.

## What kind of probe should I use?

The CPI probe has a ball tip and a color coded segment between 3.5mm and 5.5mm. The small spherical tip aids in the detection of calculus and limits penetration through the epithelium at the bottom of the sulcus. As described on the next page, **if the first black band is partially visible, the sextant is scored a “3,” and if the first black band is not visible, the sextant is scored a “4.”**



3-6-9-12 Probe



If a CPI probe is not used, then any probe may be used, realizing that you will need to estimate probing depths of 3.5 and 5.5 mm.. For example, **with the 3-6-9-12 probe if the first black band is partially visible but more than 1/2 mm into the sulcus, the sextant is scored a “3,” and if the first black band is not visible or is only barely visible (just a 1/2 mm), the sextant is scored a “4.”** The diagrams on the next page are for the CPI probe, but are very similar to the 3-6-9-12 probe.

## What are the IHS standards regarding the CPI?

- ◆ All patients over the age of 15 with teeth should receive a CPI as part of their dental examination; and
- ◆ For patients who have at least two (2) sextants with a CPI score of 3 or at least one (1) sextant with a CPI score of 4, a full periodontal examination is recommended.

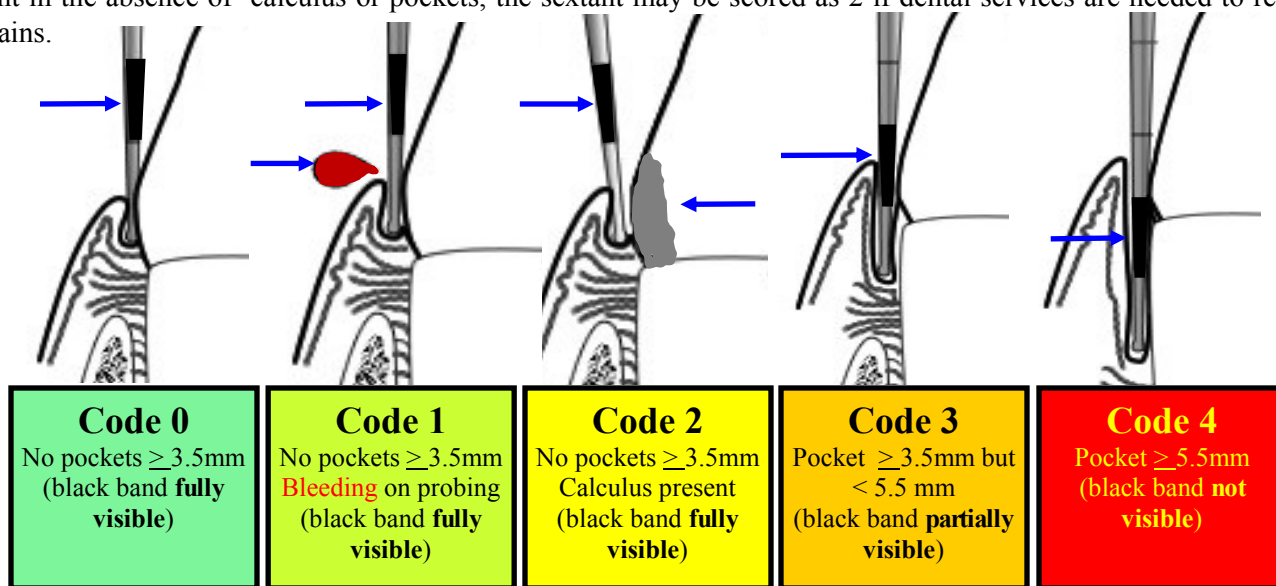
***Overall Health begins with Periodontal Health!***

## How do I score using the CPI?

Using a graduated probe the CPI classifies the sextant using only the “worst” finding (or highest score) observed in the sextant. Thus, only one score is recorded for every sextant examined. Each sextant of the mouth is given an index score. The sextants are 2<sup>nd</sup> molar to 1<sup>st</sup> bicuspid and cuspid to cuspid. Pocket depth is measured from the gingival crest and not the cemento-enamel junction, even when gingival recession has occurred. Using light probing pressure, walk (bob) the tip of the probe around the tooth and into the sulcus until it meets resistance at the base of the pocket. When probing the interproximal surfaces of the tooth, slant the probe slightly allowing the tip to reach under the contact while in the sulcus. A sextant must have at least 2 teeth to be scored. If only one tooth remains in the sextant, the findings for that tooth should be included with the score for the nearest adjacent sextant.

2-5	6-11	12-15
31-28	27-22	21-18

For sextants with less than two teeth, use code “X” for that sextant; otherwise, code as indicated below. A general rule for scoring is: if doubt exists, assign the lesser score. When heavy extrinsic stain is present in the absence of calculus or pockets, the sextant may be scored as 2 if dental services are needed to remove the stains.



A limitation of the Community Periodontal Index is that a score of 3 or 4 denotes probing depth present, but gives no information on the presence or absence of bleeding on probing or calculus. Thus, someone on recall with 4mm or 5mm probe depths in all sextants would still be scored with 3's though no calculus or bleeding may be present. Also, the index does not assess bone levels and recession, so a patient with a history of severe periodontitis and advanced recession could have all sextants with scores of 0, 1, and 2's. Examiners should also bear in mind that some sextants which are scored as a 3 or 4 upon initial examination may be found to have a CPI score of 0 or 1 after prophylaxis/deep scaling is completed.

## What's next after the CPI?

