

# An Introduction to Endodontics

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## Introduction

The morphology, physiology, and pathology of the human tooth pulp and periradicular tissues are the focus of endodontics, a specialty of dentistry. The American Dental Association and the American Association of Endodontists define it as the study and practise of basic clinical sciences such as the biology of the normal pulp and the aetiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp and associated periradicular tissues. The American Association of Endodontists is a reliable and trustworthy source of information on pulp and periapical pathosis diagnosis, treatment planning, urgent/emergent treatment, vital pulp therapy, nonsurgical root canal treatment, surgical endodontics, regenerative endodontic procedures, and outcome evaluation. The treatment provided by a general dentist is intended to meet basic norms.

“Standards of Practice” were created and published by the American Association of Endodontists. These guidelines were created to aid educational institutions and organised dentistry in defining endodontic treatment minimum educational requirements and practise standards. Treatment provided by a general dentist is expected to follow basic norms. “Standards of Practice” were prepared by the American Association of Endodontists and published. These guidelines were created to help educational institutions and organised dentistry build endodontic treatment minimum educational requirements and practise standards.

Despite the fact that predoctoral educational programmes are identical, there are differences in

general dentists’ levels of knowledge, competency, and skill, as well as clinical experience. Technology, materials, and endodontic treatment processes have all progressed significantly during the last two decades. Microscopy, rotating Ni-Ti files, ultrasonics, enhanced irrigation solutions and technologies, digital radiography, CBCT (Cone Beam Computed Tomography) three-dimensional imaging, bioceramics, and other technologies are only a few examples. On teeth with sophisticated anatomy and morphology, these alterations have resulted in a discrepancy in the quality of care provided by experts *vs* regular dentists.

The impact of these advancements on the Standard of Care has yet to be determined. Approximately 75% of all nonsurgical endodontic operations are being performed by general dentists. Endodontists treat 62% of all molars, although performing only 25% of all root canal treatments. Because generalists execute the majority of straightforward anteriors and premolars, it appears that the pre-doctoral educational process and processes in general practise should focus on uncomplicated permanent teeth, with specialists handling the more complicated molars. Treatment is guided by a thorough study and interpretation of all diagnostic data, including the patient’s medical history, clinical examination, and radiographic examination. Following the establishment of a diagnosis, treatment planning should take into account the strategic importance of the tooth/teeth being treated, the periodontal status, structural integrity and restorability of the tooth, the long-term prognosis for success, and patient factors such as medical status, attitude and

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desires, motivation, anxiety, jaw opening, gag reflex, disease state, and financial resources.

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## Standards of Practice

Endodontic therapy should be provided by general dentists in accordance with current endodontic standards, their knowledge and clinical experience, and technical skills. The standards of practise are constantly evolving in response to new facts and technological advancements. To fulfil current requirements, it is the obligation of all practitioners to be life-long learners. Self-assessment is an important part of lifelong learning. The generalist should be able to critically assess their own diagnostic and clinical

competency and identify areas where extra education is required. Based on this assessment, each practitioner must be able to assess their own abilities and knowledge in order to determine when the patient should be sent to a specialist for consultation or treatment. Traditional educational methods and the emphasis on facts are evolving. The dentistry profession has been altered by information technology, which has emphasised the evidence-based practise model. Professional contacts and the benefits of multidiscipline and multidisciplinary care are emphasised in contemporary educational techniques emphasising problem solving and critical thinking abilities.