



FEATURES INCLUDE:

- Dedicated Shaping and Finishing files respecting MIE
- Variable (V) tapered design providing iconic Deep Shape
- Simplified and safe technique for a wide anatomical range
- Innovative, file-specific heat treatment
- Rotary SLIDER first concept

TECHNIQUE TIPS

Use ProTaper Ultimate files at 400 RPM with a torque of 4-5.2 Ncm

Upon removing any given file, clean and inspect its cutting flutes, irrigate, recapitulate to break up debris, then re-irrigate

Always cradle the handpiece between the thumb and fingers. NEVER push the file; rather, let it passively progress and follow the glide path

Use SX when there is restrictive space, to pre-enlarge the body of a canal, or to relocate the coronal aspect of a canal away from an external root concavity

Visit endoruddle.com for additional information



ADVANCED  ENDODONTICS®

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- Create straightline access to the canal orifice
- In the presence of a lubricant such as viscous chelator, select the SLIDER and passively follow the canal, in one or more passes, to length
- If the SLIDER ceases to advance, remove, clear the blades, place more chelator as necessary, and re-insert as oftentimes it will move progressively deeper toward working length (WL)
- If the SLIDER will not easily reach the terminus, select a small-sized manual file to secure the rest of the canal. Then return to the SLIDER
- Use the SLIDER to establish WL, confirm patency, and verify a smooth, reproducible glide path to the terminus of the canal
- In the presence of NaOCl, select the SHAPER and *passively* follow the glide path, using a *brushing* action on the outstroke, until the WL is reached
- Upon removing the SHAPER, irrigate, use the EndoActivator to break up debris and move it into solution, then re-irrigate to liberate this debris
- Reconfirm WL, especially in more curved canals
- Select F1 and *passively* use in a *nonbrushing* manner to follow the canal to the WL, then remove and inspect its apical flutes. The shape is confirmed when any one of the FINISHERS' apical flutes are loaded with dentin
- When the apical flutes of any FINISHER are not fully loaded with dentin, then the clinician can proceed to the next sequential FINISHER

