**The Hall Technique :**

It’s a new technique, first reported in 2006.in this technique SSC is cemented on a primary molar tooth without prior caries removal or any tooth preparation. GI cement is used for cementation. u r basically sealing in the caries .

So In this technique we only choose the right size of the crown and then do cementation without any preparation or caries removal.

Fe variation bl technique, u might do some preparation by a low speed bur

This technique is name after Dr. Norna Hall, a GDP (general dental practitioner) from Scotland who developed and used this technique for over 15 years before retiring in 2006. She found that this was the best way to deal with caries in children.  A retrospective analysis was performed for her records. The success rate was 67.6% after 5 years.

Radiographs were not routinely taken and crowns were placed when marginal ridge breakdown due to caries had occurred. Its important to take history . If there were clinical signs and symptoms of pulpal involvement or abscesses she did not use a crown.

An appropriately sized SSC would be selected and filled with GI cement before being seated over the carious primary molar using either finger pressure or the child’s own occlusal force.

As the SSC is fitted with no tooth reduction, the occlusion will be temporarily propped on. However, the occlusion normally equilibrates by the next appointment and none of the patients reported TMJ pain.

The Hall technique has been shown to be acceptable to patients. 23 months, it had more favorable outcomes for pulpal health and restoration longevity than conventional plastic restorations placed by GDPs.

The result of the clinical randomized trial reported that the HALL technique demonstrated a very successful result in primary teeth after 5 yrs. the main factor of the success of the hall technique was reported to be the seal of the dental tissues without caries removal which interms …. and even arrest caries progression

Controversy??? ...  A literature review showed inconclusive evidence and therefore this technique should not be used in clinical practice.

Clinical trials have shown to be effective and acceptable to the majority of children, their parents and clinicians.

The Hall technique is not an easy quick fix solution to the problem of carious primary molars. You can't use it to all children

It is effective when child have initial caries, no sign of pulp involvment

For success, the hall technique requires careful patient selection, a high level of clinical skill and excellent patient management.  In addition It must always be accompanied with a full and effective caries prevention program.