The Hall Crown Technique

Check the medical history and perform a Indications: clinical examination with any necessary · Interproximal caries special investigations e.g. radiographs · Caries on two or more surfaces · Pulp treated teeth Contraindications: Obtain consent · Pulpal symptoms or caries close to pulp · Patients at risk of infective endocarditis · Insufficient tooth remaining to retain the crown Place separators into the contact points Remove separators 3-5 days later Not necessary in open contact points. Place gauze to protect the airway Select the appropriate crown size, do not fully seat The correct size will give a 'spring back' feeling. Dry the crown and place glass ionomer cement Elastoplast tape can be used as an extra measure to protect the patient's airway. It reduces the risk of the crown falling. Dry the tooth and verify the direction of crown cementation Seat the crown with a combination of Warn the child of the sound and tastefinger pressure and the child biting onto 'it's going to make a click noise and a cotton roll placed over the crown taste like salt and vinegar crisps'. Remove excess cement and floss interproximally Remove the gauze Ask the patient to maintain firm pressure until full set Reassure the patient and parent that the 'high bite' will settle and advise post-operative pain relief if needed e.g. paracetemol

Recall 3 months