

## REVIEW ARTICLE

# Rotary Endodontics or Reciprocating Endodontics: Which is New and Which is True?

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## ABSTRACT

In the past, shaping of root canals was done using stainless steel (SS) hand files. The introduction of rotary instrumentation has revolutionized the art and science of endodontic practice in the last decade with predictable success. The rotary files have been subjected to constant evolution in the form of metallurgy, design features, and the manner in which these instruments are driven (rotary/reciprocation), etc., resulting in revolution, both within the canal and in the area of contemporary endodontics. The purpose of this review is to identify publications regarding the evaluation, to present comprehensive and critical summaries of current knowledge, and to provide an update of the rotary and reciprocating concept, which is new and which is true.

**Keywords:** Reciproc, Reciprocating motion, Rotary motion, Single file, WaveOne.

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## INTRODUCTION

Successful endodontic treatment depends on accuracy of diagnosis and on adequate mechanical preparation of the pulp space for restoration. The armamentarium of endodontics has grown in complexity over the past 40 years. Different techniques of root canal preparation have been described in the related literature. Stainless steel (SS) instruments have been traditionally used for canal preparation.<sup>1</sup> Introduction of rotary instrumentation has revolutionized the art and science of endodontic practice in the last decade with predictable success. The rotary files have been subjected to constant evolution in the form of metallurgy, design features, and the manner in which these instruments are driven (rotary/

reciprocation), etc., resulting in revolution, both within the canal and in the area of contemporary endodontics.

## HISTORY

A new generation of endodontic instruments, made from a remarkable alloy – nickel and titanium, has added a striking new dimension to the practice of endodontics. The super elasticity and shape memory of nickel-titanium (NiTi), the properties that allow it to return to its shape following significant deformation, differentiate it from other metals, such as SS that sustain permanent deformation and retain the shape change. These properties make NiTi endodontic files more flexible and better able to conform to the canal curvature, resist fracture, and wear and tear less than SS files. In the early 1960s, the super elastic property of NiTi alloy, also known as Nitinol, was discovered by Buehler and Wang at the US Naval Ordnance Laboratory.

Rotary instrumentation has the following advantages over hand instrumentation:

- Enhanced ability to collect and remove debris from the canal system
- Continuous clockwise rotation will convey debris only in a coronal direction from the canal ramifications and apical foramen
- Mechanical rotation provides a more constant 360° engagement of the file tip in the canal that forces it to follow the canal and results in better control for maintaining the central axis of the canal, reducing the incidence of ledging or perforation<sup>2</sup>
- The most obvious benefit for continuous rotation is the reduction in the time required for instrumenting the canal
- Produces greater taper in canal preparation.

Disadvantages include:

- Conventional NiTi instruments in rotary movement one, subjected to structural fatigue that if continued will lead to fracture.<sup>3-6</sup>
- Increased canal preparation and increased microcrack.

## RECIPROCATION

Definition: It is defined as any repetitive back and forth motion that has been clinically utilized.<sup>7</sup>

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Interestingly, the combination of axial and rotational reciprocation was first introduced in 1928 (Cursor filing contra angle; W&H, Burmoos, Austria) followed by axial reciprocation in 1958 (Racer; W&H, Burmoos, Austria) and rotational reciprocation (Giomatic; MicroMega, Beasancou, France) in 1964. Since then, several handpieces were developed to drive the endodontic instruments a reciprocal movement.

In 1985, Roane et al<sup>8</sup> introduced the balanced force using instruments in rotational reciprocation for the preparation of curved root canals. They were the first to report the use of hand file with unequal clockwise (CW) and counterclockwise (CCW) movements in reciprocation. Numerous reports indicated good results that were obtained with this technique for further preparation of curved canals. Without or with only minimal straighten, it rekindled the interest in rotational reciprocation for canal preparation.<sup>8-20</sup>

Consequently, handpieces using rotational reciprocation (referred to as reciprocation/reciprocal in the text) systems were introduced, such as the M4 (SybronEndo Corporation, Orange, CA, USA),<sup>21</sup> the Endo-Eze AET (Ultradent Products Inc., South Jordan, UT, USA), and the Endo-Express (Essential Dental Systems, South Hackensack, NJ, USA).<sup>22</sup>

The first study experimenting with an alternating movement was that of Yared in 2008, which used the ProTaper F2 instrument (Dentsply Maillefer, Ballaigues, Switzerland) in a reciprocating movement.<sup>23-25</sup> The interest in reciprocation was renewed and in 2010 Dentsply introduced two single-file (rotational) reciprocating systems, Reciproc<sup>26</sup> (VDW, Munich, Germany) and WaveOne<sup>27</sup> (Dentsply/Maillefer) based on the concept developed by Yared. The study showed great promise for

the reduction in the number of instruments required in the cleaning and shaping sequence; in minimizing possible contamination; and alleviating operator anxiety of the possibility of instrument failure. Apart from these benefits, preparation time was shown to be faster than when using the same instrument in full rotation.

These findings were confirmed by Burklein and Schäfer<sup>28</sup> in 2012 when they compared Reciproc (VDW) and WaveOne (Dentsply/Maillefer) functioning in reciprocating motion to Mtwo (VDW) and "ProTaper" universal "(Dentsply/maillifer)" in conventional use.

Advantages of alternating (reciprocation) NiTi instruments over continuous rotation are as follows:

- Binding of the instruments into the root canal dentin walls is less frequent, reducing torsional stress
- The reduction in the number of cycles within the root canal during preparation results in less flexural stress on the instrument.
- There is decreased risk of instrument fracture.<sup>29</sup>

## ENDODONTIC INSTRUMENTS UTILIZING RECIPROCATING MOTION

### WaveOne

The WaveOne NiTi file system (Dentsply/Maillefer) was introduced to the dental market in 2010. It is a single-use system that is designed to shape root canal systems to a continuously tapering morphology.<sup>30,31</sup> Instead of a rotary motion, the files work in a reverse "balanced force" cutting motion and are driven by a pre-programmed motor (X-Smart Plus motor fitted with 6:1 reducing hand piece) (Dentsply/Maillefer) that is capable of turning the files in a back and forth "reciprocating" motion (Table 1 and Figs 1 to 4).<sup>32-34</sup>

**Table 1:** WaveOne specifications

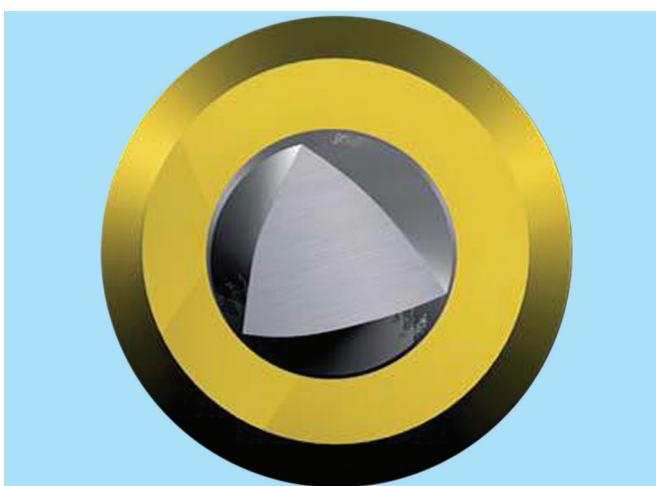
Cross section	Motion		Sizes
	Counterclockwise movement (CCW)	Clockwise movement (CW)	In lengths of 21, 25, and 31 mm (Fig. 1)
Different cross sectional Designs over the entire length of the working part of the instruments	170° is capable of advancing the instrument apically as the dentin on the root canal wall is engaged and cut	50° CW movement, which ensures that the instrument disengages before excessive torsional stress, is transferred onto the metal alloy and before the instrument can bind (taper lock) into the root canal	WaveOne small file – tip of the file is size ISO 21 and the shaft has a continuous taper of 6%
Tip – modified triangular/convex cross section with radial lands			WaveOne primary file – tip of the file is size ISO 25 and the shaft has a continuously decreasing taper of 8% from its tip to its shaft (0.8, 0.65, 0.6, 0.55)
Middle/near the shaft – neutral rake angle with a triangular/convex cross section <sup>32</sup> (Figs 2 and 3) and the variable pitch flutes along the length of the instrument considerably improve safety (Fig. 4) <sup>33</sup>	Three sequential reciprocating cycles will complete one complete reverse CCW rotation and the repeated cutting and release process allows the instrument to advance apically into the root canal. <sup>34</sup>		WaveOne large file – tip of the file is ISO 40 and the shaft has a continuously decreasing taper of 8% from its tip to its shaft (0.8, 0.65, 0.6, 0.55)
	170–50° = 120° (one reciprocating cycle resultant angle)		
	120° × 3 = 360° (one complete reverse CCW rotation)		



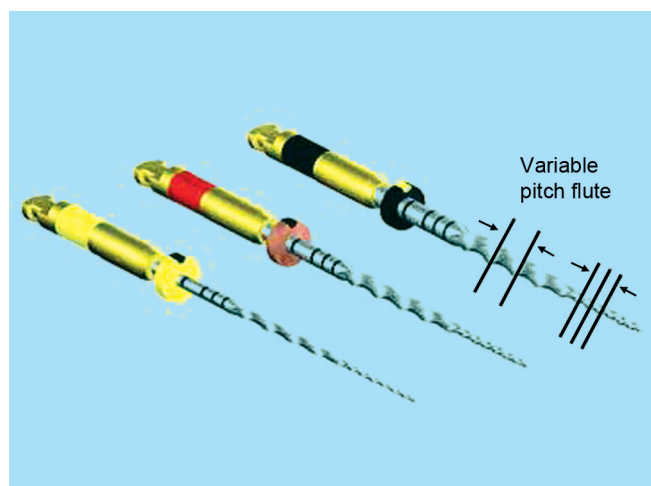
**Fig. 1:** WaveOne instruments: Small 21/06 (yellow ring); primary 25/08 (red ring); large 40/08 (black ring)



**Fig. 2:** WaveOne apical cross-section, modified convex triangular



**Fig. 3:** WaveOne coronal cross-section, convex triangular



**Fig. 4:** The variable pitch that flutes along the length of the instrument considerably improves safety

Reciproc System (Table 2 and Figs 5 and 6).

The Reciproc system also includes three instruments (R25, R40, and R50) (Fig. 5) and is driven by the VDW Silver Reciproc Motor (VDW) or the X-Smart Plus motor (Dentsply/Maillefer).

WaveOne and Reciproc are manufactured from M-Wire technology to improve the fracture resistance

of the instruments. M-Wire is a new NiTi alloy that is prepared by a special thermal process, claimed to increase flexibility and resistance to cyclic fatigue.<sup>37,38</sup> It is reported that instruments made from M-Wire with a ProFile (Dentsply/Maillefer) design exhibit nearly 400% more resistance to cyclic fatigue than do super elastic wire instruments of the same size.<sup>39</sup>

**Table 2:** Reciproc specifications

Cross section	Motion	Sizes
The instruments have an S-shaped cross section and demonstrate a progressive taper (Fig. 6)	Counter clockwise movement (CCW)	In lengths of 21, 25, and 31 mm (Fig. 5) The Reciproc R25 instrument has a diameter of 0.25 mm at the tip and an 8% taper over the first 3 mm from the tip. The diameter at 16 mm from the tip (D16) is 1.05 mm The Reciproc R40 has a diameter of 0.40 mm at the tip, 6% taper over the first 3 mm from the tip and at D16 a diameter of 1.10 mm R50 has a diameter of 0.50 mm at the tip, a 5% taper over the first 3 mm from the tip and at D16 a diameter of 1.17 mm <sup>35</sup>
	Clockwise movement (CW)	
	In reciprocation, the instrument is driven first in a cutting direction and then reverses to release the instrument. 150°      30° The angle in cutting direction (CCW) is greater than the angle in reverse direction (CW), so that the instrument continuously progresses toward the apex One complete rotation of 360° is completed in three reciprocating movements. <sup>36</sup> 150-30° = 120°(one reciprocating cycle resultant angle) 120° × 3 = 360° (one complete reverse CCW rotation)	



Fig. 5: Reciproc instruments: R25 (red ring); R40 (black ring); R50 (yellow ring)

## COMPARISON BETWEEN ROTARY AND RECIPROCATING FILES

### Cyclic Fatigue

De-Deus et al,<sup>40</sup> Gambarini et al,<sup>41</sup> and Plotino et al<sup>42</sup> evaluated the cyclic fatigue resistance of instruments in reciprocating motion compared with continuous rotation. The results demonstrate that the reciprocating movement induced less cyclic fatigue and promoted an extended life of the instrument in comparison with conventional rotation. However, there is no agreement in the literature regarding the influence of instrument design on the behavior of instruments under cyclic fatigue.<sup>43-47</sup>

Testarelli et al<sup>48</sup> compared cyclic fatigue resistance of instrument used with continuous rotation and the new motion (TF Adaptive rotating reciprocation). The results showed a significant increase of cyclic fatigue resistance of instruments used with the TFA motion. This can be explained by the alternance of engaging/disengaging movements, since the motion can be defined as a noncontinuous rotation, which reduces the number of cycles of the instrument and therefore reduces the cyclic fatigue on the instrument, while the traditional continuous rotation movement continuously engages and stresses the instruments.

### Debris Removal

A study by Bürklein et al compared the efficacy of instruments functioning in a conventional rotating action with instruments functioning in reciprocating motion.<sup>29,49</sup> The results demonstrated that, in general, the use of Mtwo, Reciproc, and WaveOne instruments used in reciprocation resulted in less residual debris compared with canal shaping performed with ProTaper instruments used in rotating motion.

### Debris Extrusion

Bürklein and Schäfer,<sup>28</sup> Myers and Montgomery<sup>50</sup> compared the debris extrusion associated with the larger reciprocating files to that recorded in the full sequences of rotary files. The results demonstrated that the full sequence rotary instrumentation systems were associated with less debris extrusion compared with the reciprocating single-file systems, one of which, Reciproc, produced significantly more debris compared with all the other systems. This can be explained by the absence of physiological back pressure provided by periapical tissues that may influence debris extrusion in the experimental studies.<sup>51</sup>

### Bacterial Reduction

The rotary systems, ProTaper Universal and Mtwo, have been shown to provide adequate geometry<sup>52</sup> and substantial bacterial reduction in the root canal.<sup>53</sup> A recent study compared the influence of the reciprocating single-file technique with conventional rotary instrumentation on the bacterial reduction in infected root canals.<sup>54-56</sup> The conclusion of the study was that reciprocating systems resulted in similar bacterial reductions to those obtained with rotary systems or with the manual instrumentation technique.

### Maintenance of Root Canal Anatomy

Berutti et al,<sup>57,58</sup> Yoo and Cho<sup>32</sup> compared canal shaping efficacy between reciprocating files and rotary files. The studies concluded that canal modifications were reduced and the original canal contour in curved canals was better maintained when the reciprocating file system was used compared with rotary instruments.<sup>59,60</sup>

### Dentinal Defects/Cracks

A recent study compared the incidence of dentinal defects after root canal preparation with reciprocating and with rotary instrumentation on extracted human central lower incisors.<sup>61</sup> The study concluded that all four systems caused dentinal defects. Reciproc was associated with more complete cracks compared with the full sequence rotary systems. Cracks appeared more often in sections 2, 4, and 6 mm from the apex than on the apical root surface.<sup>62,63</sup>

### Clinical Efficiency

A recent study by Park et al<sup>64</sup> compared the efficiency of reciprocating instruments by measuring the working time required to complete canal shaping. According to the authors with the study the difference can be attributed to the fact that WaveOne instruments have three cutting blades and might have better cutting efficacy than the two-bladed Reciproc instruments.





**Fig. 6:** Reciproc S-shaped crosssection

As the number of files used increased, the efficiency decreased. Only a few or no microcracks were detected after reusing files for five canals. The authors concluded that reciprocating files might be able to be reused up to five times with no critical changes in the metallurgical properties of the instruments.

### Removal of Filling Material during Retreatment

Ruddle suggested that retreatment could improve root canal disinfection and debridement before a new homogenous root canal obturation is placed.<sup>65,66</sup> Recent studies compared the efficacy of reciprocating and rotary techniques for removing filling material during retreatment.<sup>67-69</sup>

The results of the study demonstrated that:

- Remaining endodontic filling material was observed on the canal walls of all the specimens regardless of the technique used;
- The reciprocating technique was the most rapid method for removing gutta percha and sealer.
- More apically extruded material in reciprocating system compared with retreatment rotary system.<sup>69</sup>

### CONCLUSION

The field of endodontics has undergone tremendous changes from the use of SS files to NiTi and also in the manner in which these endodontic instruments are driven, i.e., in rotary and reciprocating motion. Endodontic instrument used in reciprocation is not a new concept, but in recent past it has gained more popularity because of change in design shape and metallurgy of NiTi instruments which can be used in reciprocating motion. This reciprocation has got many advantages over rotation, thus the reciprocating system has got a promising result over rotary system.

### REFERENCES

1. Hulsumann M, Peter OA, Dummer PMH. Mechanical preparation of root canals: Shaping goals, technique and means. *Endod Top* 2005 Mar;10(1):30-76.
2. McSpadden JT. Mastering endodontic instrumentation. 2007.
3. Sotokawa T. An analysis of clinical breakage 1 of root canal instruments. *J Endod* 1998 Feb;14(2):75-82.
4. Pruett JP, Clement DJ, Carnes DL, Jr. Cyclic fatigue testing of nickel-titanium endodontic instruments. *J Endod* 1997 Feb;23(2):77-85.
5. Gabel WP, Hoen M, Steiman HR, Pink FE, Dietz R. Effect of rotational speed on nickel-titanium file distortion. *J Endod* 1999 Nov;25(11):752-754.
6. Sattapan B, Palmara JE, Messer HH. Torque during canal instrumentation using rotary nickel-titanium files. *J Endod* 2000 Mar;26(3):156-160.
7. Ruddle CJ. Endodontic canal preparation rotation *vs* reciprocation. *Endod Pract* 2012 Jan;5(1):56.
8. Roane JB, Sabala CL, Duncanson MG, Jr. The balanced force' concept for instrumentation of curved canals. *J Endod* 1985 May;11(5):203-211.
9. Baumgartner JC, Martin H, Sabala CL, Strittmatter EJ, Wildey WL, Quigley NC. Histomorphometric comparison of canal prepared by four techniques. *J Endod* 1992 Nov;18(11):530-534.
10. Peter OA, Schoonenberger K, Laib A. Effects of four NiTi preparation techniques on root canal geometry assessed by micro computed tomography. *Int Endod J* 2001 Apr;34(3):221-230.
11. Lesberg DA, Montgomery S. The effects of canal master Flex-R, and K-Flex instrumentation on root canal configuration. *J Endod* 1991 Feb;17(2):59-65.
12. Southard DW, Osnals Wald RJ, Natkin E. Instrumentation of curved molar root canal with the Roane technique. *J Endod* 1987 Oct;13(10):479-489.
13. Royal JR, Donnelly JC. A comparison of maintenance of canal curvature using balanced-force instrumentation with three different file types. *J Endod* 1995 Jun;21(6):300-304.
14. Backman CA, Oswald RJ, Pitts DL. A radiographic comparison of two root canal instrumentation techniques. *J Endod* 1992 Jan;18(1):19-24.
15. Saunders WP, Saunders EM. Effect of noncutting tipped instruments on the quality of root canal preparation using a modified double-flared technique. *J Endod* 1992 Jan;18(1):32-36.
16. Powell SE, Simon JH, Maze BB. A comparison of the effect of modified and nonmodified instrument tips on apical canal configuration. *J Endod* 1986 Jul;12(7):293-300.
17. Powell SE, Wong PD, Simon JH. A comparison of the effect of modified and nonmodified instrument tips on apical canal configuration. Part II. *J Endod* 1988 May;14(5):224-228.
18. Sepic AO, Pantera EA, Jr, Neaverth EJ, Anderson RW. A comparison of Flex-R files and K-type files for enlargement of severely curved molar root canals. *J Endod* 1989 Jun;15(6):240-245.
19. Swindle RB, Neaverth EJ, Pantera EA, Jr, Ringle RD. Effect of coronal-radicular flaring on apical transportation. *J Endod* 1991 Apr;17(4):147-149.
20. Hata G, Uemura M, Kato AS, Imura N, Novo NF, Toda T. A comparison of shaping ability using ProFile, GT file, and Flex-R endodontic instruments in simulated canals. *J Endod* 2002 Apr;28(4):316-321.

21. Lloyd A, Jaunberzins A, Dhopatkar A, Bryant S, Dummer PM. Shaping ability of the M4 handpiece and safety Hedstrom files in simulated root canals. *Int Endod J* 1997 Jan;30(1):16-24.
22. Musikant BL, Cohen BI, Deutsch AS. Comparison instrumentation reamers and files versus a flat-sided design of conventional noninterrupted, flat-sided design. *J Endod* 2004 Feb;30(2):107-109.
23. Yared G. Canal preparation using only one NiTi rotary instrument: Preliminary observations. *Int Endod J* 2008 Apr;41(4):339-344.
24. You SY, Bae KS, Baek SH, Kum KY, Shon WJ, Lee W. Lifespan of one nickel-titanium rotary file with reciprocating motion in curved root canals. *J Endod* 2010 Dec;36(12):1991-1994.
25. Varelo-Patino P, Ibanez-Párraga A, Rivas-Mundiña B, Cantatore G, Otero XL, Martin-Biedma B. Alternating versus continuous rotation: A comparative study of the effect on instrument life. *J Endod* 2010 Jan;36(1):157-159.
26. Available from: <http://endodonticcourses.com/literature>
27. Available from: <http://www.tulsadentalspecialities.com/>
28. Bürklein S, Schäfer E. Apically extruded debris with reciprocating single-file and full-sequence rotary instrumentation systems. *J Endod* 2012 Jun;38(6):850-852.
29. Varela-Patiño P, Martin Biedma B, Rodriguez N, Cantatore G, Malentaca A, Ruiz-Pinon M. Fracture rate of nickel-titanium instruments using continuous versus alternating rotation. *Endod Pract Today* 2008 Fall;2(3):193-197.
30. Webber J, Machtou P, Pertot W, Kuttler S, Ruddle C, West J. The WaveOne single-file reciprocating system. *Roots* 2011;1:28-33.
31. Van der Vyver PJ. WaveOne instruments: Clinical application guidelines. *Endod Pract* 2011 Nov;45-54.
32. Yoo Y, Cho Y. A comparison of the shaping ability of reciprocating Ni-Ti instruments in simulated curved canals. *Restor Dent Endod* 2012 Nov;37(4):220-227.
33. Bürklein S, Hinschitzka K, Dammaschke T, Schäfer E. Shaping ability and cleaning effectiveness of two single-file systems in severely curved root canals of extracted teeth: Reciproc and WaveOne versus Mtwo and ProTaper. *Int Endod J* 2012 May;45(5):449-461.
34. Webber J. The wave one single file reciprocating system clinical technique. *Roots* 2011;1(1):28-33.
35. Yared G. Canal preparation using one reciprocating instrument without prior hand filing: A new concept. *Int Dent SA – African Edition* 2:78-87.
36. Available from: [http://www.vdw-dental.com/fileadmin/redaktion/downloads/product/en/en-reciproc-anwender\\_95\\_2006.pdf](http://www.vdw-dental.com/fileadmin/redaktion/downloads/product/en/en-reciproc-anwender_95_2006.pdf)
37. Gambarini G, Grande NM, Plotino G, Somma F, Garala M, De Luca M, Testarelli M. Fatigue resistance of engine-driven rotary nickel-titanium instruments produced by new manufacturing methods. *J Endod* 2008 Aug;34(8):1406-1409.
38. Shen Y, Zhou MH, Zheng YF, Peng B, Haapasalo M. Current challenges and concepts of the thermo mechanical treatment of nickel-titanium instruments. *J Endod* 2013 Feb;39(2):163-172.
39. Johnson E, Lloyd A, Kuttler S, Namerow K. Comparison between a novel nickel-titanium alloy and 508 nitinol on the cyclic fatigue life of profile 25/.04 rotary instruments. *J Endod* 2008 Nov;34(11):1406-1409.
40. De-Deus G, Moreira EJ, Lopes HP, Elias CN. Extended cyclic fatigue life of F2 ProTaper instruments used in reciprocating movement. *Int Endod J* 2010 Dec;43(12):1063-1068.
41. Gambarini G, Rubini A, Al Sudani D, Gergi R, Culla A, De Angelis F, Di Carlo S, Pompa G, Osta N, Testarelli L. Influence of different angles of reciprocation on the cyclic fatigue of nickel-titanium endodontic instruments. *J Endod* 2012 Oct;38(10):1408-1411.
42. Plotino G, Grande NM, Testarelli L, Gambarini G. Cyclic fatigue of Reciproc and WaveOne reciprocating instruments. *Int Endod J* 2012 Jul;45(7):614-618.
43. Melo MCC, Bahia MGA, Buono VTL. Fatigue resistance of engine-driven rotary nickel-titanium endodontic instruments. *J Endod* 2002 Nov;28(11):765-769.
44. Tripi TR, Bonaccorso A, Condorelli GG. Cyclic fatigue of different nickel-titanium endodontic rotary instruments. *Oral Surg Oral Pathol Oral Radiol Endod* 2006 Oct;102(4):e106-114.
45. Ray JJ, Kirkpatrick TC, Rutledge RE. Cyclic fatigue of endo-sequence and K3 rotary files in a dynamic model. *J Endod* 2007 Dec;33(12):1469-1472.
46. Cheung GSP, Darvell BW. Low cycle fatigue of NiTi rotary instruments of various cross-sectional shape. *Int Endod J* 2007 Aug;40(8):626-632.
47. Eugenia Pedulla. Influence of continuous or reciprocating motion on cyclic fatigue resistance of four different NiTi rotary instruments. *J Endod* 2013 Feb;39(2):258-260.
48. Testarelli L, Putorti E, Staffoli S, Valenti Obino F, Di Nardo D, Miccoli G, Gambarini G, Milana V, Rubini AG. Cyclic fatigue of NiTi instruments used in complex curvatures with continuous or reciprocating rotation. *Giornale Italiano di Endodonzia* 2014 Nov;28(2):87-90.
49. Marzouk AM, Ghoneim AG. Computed tomographic evaluation of canal shape instrumented by different kinematics rotary nickel-titanium systems. *J Endod* 2013 Jul;39(7):906-909.
50. Myers GL, Montgomery S. A comparison of weights of debris extruded apically by conventional filling and canal master techniques. *J Endod* 1991 Jun;17(6):275-279.
51. Pawar AM, Pawar MG, Metzger Z, Kokate SR. *J Conservative Dent* 2015 Mar-Apr;18(2):89-93.
52. Yang G, Yuan G, Yun X, Zhou X, Liu B, Wu H. Effects of two nickel-titanium instruments systems. Mtwo versus ProTaper Universal, on root canal geometry assessed by micro-computed tomography. *J Endod* 2011 Oct;37(10):1412-1416.
53. Machado MEL, Sapia LAB, Cai S, Martins GHR, Nabeshima CK. Comparison of two rotary systems in root canal preparation regarding disinfection. *J Endod* 2010 Jul;36(7):1238-1240.
54. Machado MEL, Nabeshima CK, Leonardo MFP, Reis FAS, Britto MLB, Cai S. Influence of reciprocating single-file and rotary instrumentation on bacterial reduction on infected root canals. *Int Endod J* 2013 Nov;46(11):1083-1087.
55. Nabeshima CK, Caballero-Flores H, Cai S, Aranguren J, Borges Britto ML, Machado ME. Bacterial removal promoted by 2 single-file systems: WaveOne and One Shape. *J Endod* 2014 Dec;40(12):1995-1998.
56. Dhingra A, Yadav V, Aggarwal N. *Int J Sci Study* 2015 May;3(2):105-108.
57. Berutti E, Chiandussi G, Paolino DV, Scotti N, Cantatore G, Castellucci A. Canal shaping with WaveOne primary reciprocating files and ProTaper system. A comparative study. *J Endod* 2012 Apr;38(4):505-509.
58. Berutti E, Paolino D, Chiandussi G, Alovise M, Cantatore G, Castellucci A, Pasqualini D. Root canal anatomy preservation

- of WaveOne reciprocating files with or without glide path. *J Endod* 2012 Jan;38(1):101-104.
59. Goldberg M, Dahan S, Machtou P. Centering ability and influence of experience when using WaveOne single-file technique in simulated canals. *Int J Dent* 2012;2012:Article ID 206321, 7 pages.
  60. Giuliani V, Di Nasso L, Pace R, Pagavino G. Shaping ability of WaveOne primary reciprocating files and ProTaper system used in continuous and reciprocating motion. *J Endod* 2014 Sep;40(9):1468-1471.
  61. Bürklein S, Tsotsis P, Schäfer E. Incidence of dentinal defects after root canal preparation: Reciprocation versus rotary instrumentation. *J Endod* 2013 Apr;39(4):501-504.
  62. Liu R, Hou BX, Wesselink PR, Wu M-K, Shemesh H. The incidence of root microcracks caused by 3 different single-file systems versus the ProTaper system. *J Endod* 2013 Aug;39(8):1054-1056.
  63. Adorno CG, Yoshioka T, Suda H. Crack initiation on the apical root surface caused by three different nickel-titanium rotary files at different working lengths. *J Endod* 2011 Apr;37(4):522-525.
  64. Park SK, Kim JY, Shon WJ, You, SY, Moon YM, Kim HC, Lee WC. Clinical efficiency and reusability of the reciprocating nickel-titanium instruments to the root canal anatomy. *Scanning* 2013 Mar-Apr;36(2):246-251.
  65. Plotino G, Rubini AG, Grande NM. Cutting efficiency of Reciproc and WaveOne reciprocating instruments. *J Endod* 2014 Aug;40(8):1228-1230.
  66. Ruddle CJ. Nonsurgical re-treatment. *J Endod* 2004 Dec;30(12):827-845.
  67. Zuolo AS, Mello JE, Cunha RS, Zuolo ML, Bueno CES. Efficacy of reciprocating and rotary techniques for removing filling material during root canal treatment. *Int Endod J* 2013 Oct;46(10):942-945.
  68. Rios Mde A, Villela AM, Cunha RS, Velasco RC, De Martin AS, Kato AS, Bueno CE. Efficacy of 2 reciprocating systems compared with a rotary retreatment system for gutta-percha removal. *J Endod* 2014 Apr;40(4):543-546.
  69. Silva EJ, Orlowsky NB, Herrera DR, Machado R, Krebs RL, Coutinho-Filho Tde S. Effectiveness of rotatory and reciprocating movements in root canal filling material removal. *Braz Oral Res* 2015;29(1):1-6.