Transform S™ ET

Compatible with X7 and HyFlex

Establish the glide path, then select .04 or .06 taper.

ENDOTECH ROTARY · 400-500 rpm · 2 N·cm · MicroPath 13/.03: 1 N·cm

ENTRY CHECK Assess anatomy, isolate with a rubber dam, scout with a small hand file and establish working length (WL).

THE INSTRUMENTS



ORIFICE SHAPER
17/.08 · 17 mm

Available in sizes 15 to 45.

SEQUENCE + CLINICAL DECISIONS

1	**Glide path** MicroPath 15 or 17; 13 if needed	After hand scouting, select 15/.03 or 17/.03 for routine glide preparation; use 13/.03 for complex or narrow paths. Confirm a smooth, reproducible path to WL.
2	**Open the entrance** 17/.08 · 17 mm	Use the dedicated rotary opener only in the established coronal path. Brush away from the furcation; stop before curvature and resistance.
3	**Initial preparation** 17/.04	Follow the glide path with light pressure, removing frequently to clean and inspect. Reconfirm WL after coronal enlargement.
4	**Develop the shape** 25/.04; 20/.04 if needed	Try 25/.04 passively to WL. If it cannot advance, use 20/.04, then return to 25/.04. Never drive through resistance.
5	**Choose the endpoint** Gauge size and taper	Select further enlargement from the apical assessment and anatomy. Use 25/.06 or larger .04/.06 files only when justified.
6	**Complete treatment** Clean → cone fit → seal	Record final size/taper and WL. Complete disinfection, check the selected cone at WL, then obturate under length control.

GLIDE → OPEN → 17/.04 → 25/.04 → GAUGE

Optional 20/.06 preflare

EndoTech suggestion: 20/.06 may preflare toward mid-root only within a confirmed, sufficiently wide straight coronal path. Stop short of curvature and resistance; mid-root is not a mandatory depth.

Inspect between instruments

Withdraw. Clean and inspect flutes. Irrigate, recapitulate with a small hand file and re-irrigate. If the path is no longer reproducible, rebuild it before advancing.

Advantage of .06 preflare

Taking a size 20/.06 file to mid-root before 17/.04 and 25/.04 can improve cone fit in the final preparation. Verify the final cone at working length.

For trained dental professionals. Use with current EndoTech product instructions and clinical judgement.

Transform S™ ET

Compatible with X7 and HyFlex

Choose the route that fits the canal.

01

ET compatibility

Compatible with X7 and HyFlex. This card uses the X7-style 17/.04 to 25/.04 technique with MicroPath glider, opener and optional preflare stages. Use EndoTech motor settings as printed below.

02

Alternative crown down

ET files can equally be used successfully in a crown down technique: 25 → 20 → 17, in .04 or .06 taper.

03

Orifice opener

The orifice opener is a unique 17/.08, 17 mm file. It was created specifically for endodontists and dentists who find larger-tipped orifice shapers too large to easily enter smaller calcified orifices, and gives far better positioning for redefining the orifice in more difficult canals.

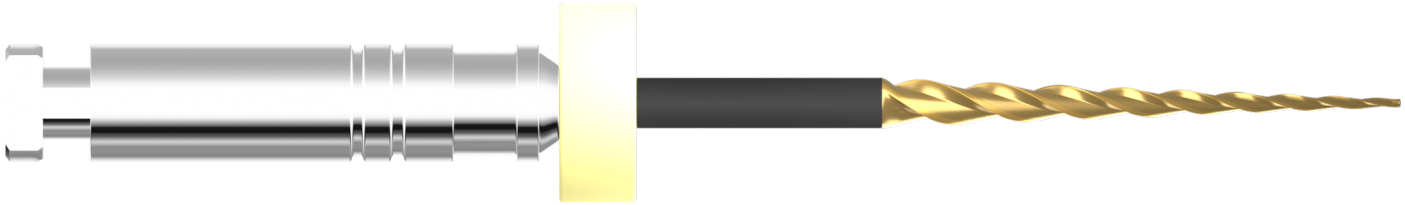
04

Instructions for use

Read the instrument designation on the packaging before use. ET shaping files are available in sizes 15 to 45. The orifice shaper is 17/.08, nominal 17 mm. The pictures are not a size or length scale.

MOTOR SETUP	ROTARY: 400-500 rpm. ET, the dedicated 17/.08, 17 mm opener and MicroPath 15/.03 / 17/.03: 2 N·cm. MicroPath 13/.03: 1 N·cm.

Orifice opener · 17/.08 · 17 mm



Transform S™ ET

Compatible with X7 and HyFlex

MicroPath glide followed by ET opening and shaping.

ENDOTECH ROTARY · 400-500 rpm · 2 N·cm

15/.03 → 20/.06 → 17/.04 → 25/.04

1

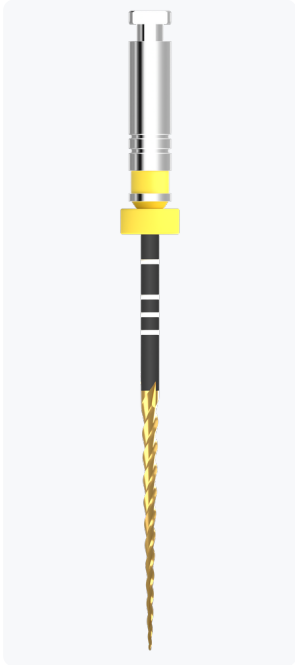


MicroPath 15/.03

Glide path

To length

2



ET 20/.06

Open / preflare

To midroot

3

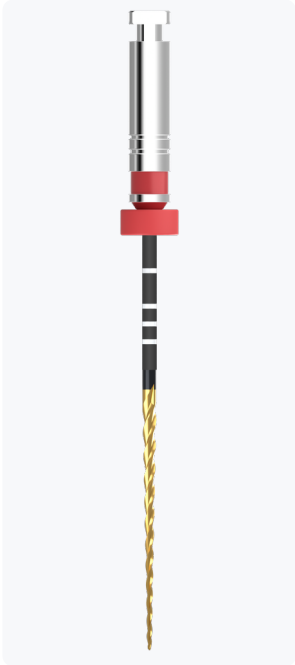


ET 17/.04

Initial preparation

To length

4



ET 25/.04

Final preparation

To length

Use 20/.06 towards mid-root only within the established, sufficiently wide straight coronal path. Stop before curvature or resistance. Clean, inspect, irrigate and recapitulate between instruments.

Transform S™ PT

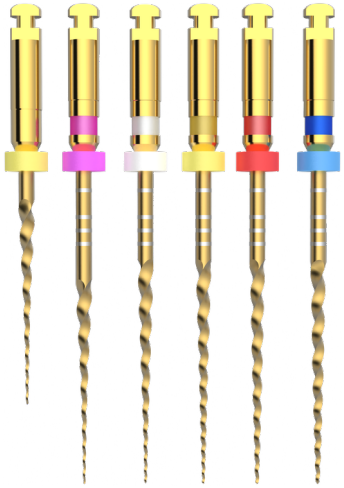
Compatible with ProTaper Gold

Shape with S files. Finish to the measured apical size.

ENDOTECH ROTARY · 400-500 rpm · 2 N·cm · MicroPath 13/.03: 1 N·cm

ENTRY CHECK Establish straight-line access and a reproducible hand-file path before rotary instruments enter that region.

THE INSTRUMENTS



Original EndoTech instruments, left to right: SX, S1, S2, F1, F2, F3. Image is not to scale.

SEQUENCE + CLINICAL DECISIONS

1	**Build the glide path** Hand scout + MicroPath	Scout the coronal two-thirds with #10/#15 hand files. MicroPath 15/.03 or 17/.03 is the EndoTech glide-path option; add 13/.03 for complex or narrow paths.
2	**Relieve coronal load** S1 → S2; SX as needed	Use S1 then S2 only to the depth already negotiated. Brush on withdrawal, away from the furcation. Add SX for coronal relocation or flare.
3	**Verify apical access** #10 / #15 + WL	Negotiate the apical third. Establish WL, verify patency and confirm a loose, reproducible glide path. Extend the glide sequence if required.
4	**Shape to length** S1 → S2	Carry S1 then S2 to WL with controlled outstroke brushing. Reconfirm WL, irrigate and recapitulate before finishing.
5	**Finish and gauge** F1 → #20 hand gauge	Use F1 without brushing. Withdraw on reaching WL; do not dwell for more than one second. If the #20 hand file is snug at WL, assess the endpoint before enlarging.
6	**Enlarge only if needed** F2 / #25; F3 / #30	If the gauge is loose and enlargement is indicated, use F2 then gauge #25; use F3 then gauge #30 only if needed. Finish disinfection and cone fit.

GLIDE → S1 / S2 (+ SX) → F1 → GAUGE

SX: coronal work

SX is an auxiliary shaping instrument. Its place depends on access and coronal interference; it is not a compulsory full-length apical file. Preserve furcal dentin.

Two different movements

S1 / S2 / SX: controlled brushing on withdrawal. F1 / F2 / F3: passive, non-brushing progression with prompt withdrawal at WL. Do not dwell or repeatedly work the terminus.

Finishing is conditional

F2 and F3 are selected by gauging, anatomy and the preparation objective. Do not run the entire coloured row automatically. This card covers the six-file SX / S1 / S2 / F1 / F2 / F3 core.

Transform S™ PT

Compatible with ProTaper Gold

Keep shaping and finishing distinct.

01

Familiar ProTaper sequence

This card adapts the ProTaper Gold shaping/finishing logic to the six EndoTech PT instruments. It preserves staged coronal preparation, apical glide verification, S1/S2 to length, then F1 and gauging-led enlargement.

02

SX placement

The original technique uses SX selectively for coronal relocation, shorter roots or additional flare. A visual SX-first product lineup is not an instruction to take SX to WL before the glide path.

03

Gauging is an assessment

Assess binding at WL, not resistance caused by coronal interference. Consider apical anatomy, curvature and the intended irrigation/obturation approach before selecting another finishing file.

04

Range and identification

S1 is purple, S2 white, F1 yellow, F2 red and F3 blue in the original artwork. F1/F2/F3 correspond to nominal 20/.07v, 25/.08v and 30/.09v. Variable taper labels do not describe a constant taper along the entire blade.

MOTOR SETUP ROTARY: 400-500 rpm. PT SX, S1, S2, F1-F3 and MicroPath 15/.03 / 17/.03: 2 N·cm. MicroPath 13/.03: 1 N·cm.



SX S1 S2 F1 F2 F3

Transform S™ RG

Compatible with WaveOne Gold

Start with Primary. Select another size from the canal assessment.

ENDOTECH MOTOR · Opener: 400-500 rpm / 2 N·cm · RG Glider + shaping: 170° CCW / 40° CW

ENTRY CHECK Scout with a #08 or #10 hand file, establish WL and expand a reproducible glide path before full-length shaping.

THE INSTRUMENTS



Original EndoTech lineup: opener, Glider, Small, Primary, Medium, Large. Display order is not the clinical sequence.

SEQUENCE + CLINICAL DECISIONS

1	**Prepare coronal entry** 17/.08 · 17 mm | ROTARY	Use the opener only in the known coronal path. Run its rotary program and brush away from the furcation. Stop before curvature and resistance.
2	**Expand the glide path** RG Glider | RECIPROCATING	After a loose #10 hand file reaches WL, use the dedicated Glider to WL. Confirm a reproducible path of at least ISO 15 and recheck WL.
3	**Start shaping** Primary 25/.07v	Begin with Primary in irrigant, using short, passive pecks. After 2-3 mm of advancement, withdraw, clean, irrigate, recapitulate and re-irrigate.
4	**If Primary stalls** Small 20/.07v → Primary	Reassess access and the glide path. If Primary still cannot progress, take Small passively to WL, then return to Primary. Never increase pressure.
5	**If Primary is loose** Medium 35/.06v; Large 45/.05v	If Primary is loose at WL with no apical dentin debris, assess whether Medium and then Large are indicated. Avoid automatic use of all four sizes.
6	**Confirm and finish** Endpoint → clean → seal	Remove promptly at WL. Assess apical engagement, anatomy and preparation adequacy; complete disinfection and verify cone fit under length control.

OPEN → GLIDE → PRIMARY → ASSESS

Primary is the start

Small is a branch for a Primary that cannot progress after the path is reassessed. The familiar WaveOne Gold logic begins shaping with Primary.

Read the response

Apical flute loading and looseness help guide the reference sequence. Debris alone does not prove adequate disinfection or an appropriate final size.

Switch the motion

Opener: continuous rotation. RG Glider and shaping: 170° counter-clockwise / 40° clockwise. If MicroPath is used instead of the RG Glider, switch to its rotary program.

Transform S™ RG

Compatible with WaveOne Gold

When to use Small, Medium or Large.

01

Reference logic

The WaveOne Gold guide starts with Primary, moves to Small if Primary will not advance, then returns to Primary. Medium or Large are selected when a larger apical preparation is justified. The opening step is EndoTech-specific.

02

Depth remains controlled

The same named file can progress in several passes. Coronal pre-enlargement is restricted to a region with a verified glide path. Reconfirm length after shaping changes the access path.

03

Set the exact RG motion

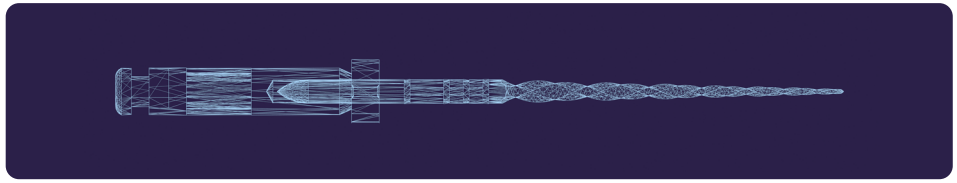
Use 170° counter-clockwise / 40° clockwise for RG Glider and shaping files. The opener uses continuous rotation at 400-500 rpm and 2 N·cm. Check that the motor can deliver the exact angle pair before use.

04

Identify the file

The lineup shows the opener, Glider, Small, Primary, Medium and Large. Check the designation on the pack before use. The Blender wireframe shows RG Primary.

MOTOR SETUP	RG GLIDER + SHAPING: 170° CCW / 40° CW. OPENER: rotary, 400-500 rpm; torque: 2 N·cm. CCW = counter-clockwise; CW = clockwise. Use a motor compatible with the specified motion.



RG Primary · Native Blender wireframe render

MicroPath

Compatible with V-Taper

Glide with 15 or 17; add 13 when needed. Shape with 25/V08 → 20/V06.

ENDOTECH ROTARY · 400-500 rpm · 13/.03: 1 N·cm · 15/.03, 17/.03 + shaping: 2 N·cm

ENTRY CHECK Hand scout, establish WL and verify a readable path. Glide files prepare the route; shaping files enlarge it.

THE INSTRUMENTS



Original EndoTech glide-path artwork. Colours do not replace pack identification; the short file is a separate option.

SEQUENCE + CLINICAL DECISIONS

1	**Read the canal** Small hand file	Negotiate with an appropriate small hand file. Establish WL and confirm reproducible entry before introducing the mechanical glide files.
2	**Create the glide path** 15/.03 or 17/.03; 13/.03 if needed	Most canal systems use size 15 or 17 for the glide path. For S-shaped anatomy or calcification, size 13 at 1 N·cm can help reach working length.
3	**Coronal crown-down** 25/V08 → 20/V06	Use 25/V08 to passive depth in the secured coronal path, then 20/V06 if needed to advance. Do not push the larger instrument to WL.
4	**Recheck the route** WL + apical glide path	Reconfirm length and the apical path after coronal preparation. Re-enter with a small hand file; refine the glide path again if needed.
5	**Apical crown-down** 25/V08 → 20/V06	Repeat the two-file order through the lower canal, progressing only where the path remains reproducible. Final apical size depends on anatomy, not the order shown.
6	**Assess the final shape** Gauge → clean → cone fit	Gauge the apical preparation and select the final size deliberately. Complete disinfection and verify the cone fit before obturation.

GLIDE 15/.03 OR 17/.03 (13/.03 IF NEEDED) | 25/V08 → 20/V06

Mini Magic

Size 15/.05 · 17 mm MB2 specialist file.

For calcified canals or smaller access, this file helps create an initial opening into the root canal system.

V means variable

20/V06 and 25/V08 describe apical taper designations, not fixed .06/.08 taper along the entire blade. Select cones by actual fit and the confirmed final preparation.

For very complicated anatomy, with dangerous curves.

Use 13/.03 if needed to establish the glide path, then 25/V08 → 20/V06 crown-down. Recheck the path between coronal and apical stages.

MicroPath

Compatible with V-Taper

Recheck the glide path between shaping stages.

01

Original logic, adapted sequence

The original V-Taper technique stages coronal crown-down, renewed glide verification, then apical crown-down. This EndoTech card uses the requested two-file shaping route after the MicroPath glide stage.

02

The MicroPath glide stage

Use 15/.03 or 17/.03 for routine glide preparation. Add 13/.03 at 1 N·cm for complex S-shaped or calcified paths. Use light pressure, clean and irrigate repeatedly, and confirm a reproducible route to WL before shaping.

03

Variable taper and cone fit

The V06 / V08 designation identifies the apical taper. Taper reduces along the blade, so a constant-taper cone with the same number is not automatically a match. Verify the cone against the actual apical preparation and length.

04

Final size is a separate decision

The order 25/V08 → 20/V06 manages progressive passive access. It does not instruct every canal to finish at ISO 20 or guarantee an ISO 25 endpoint. Judge the apical shape and cleaning objectives before choosing the endpoint.

MOTOR SETUP ROTARY: 400-500 rpm. MicroPath 13/.03: 1 N·cm. MicroPath 15/.03, 17/.03 and V-Taper-type shaping instruments: 2 N·cm.

25/V08 · 25 mm



Blender illustration from the retained V08 reconstruction.

TransformS™ CT

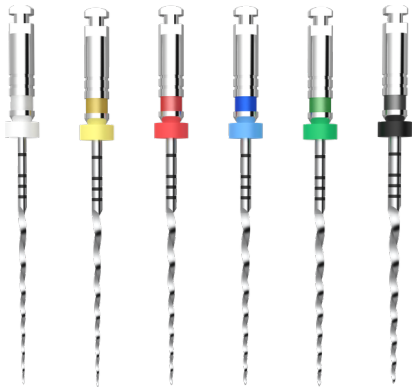
Compatible with EndoSequence

Constant-taper rotary crown-down sequence.

ENDOTECH ROTARY · 500-600 rpm · Initial 1.8-2.3 N·cm

ENTRY CHECK Scout with a #10 hand file. Rotary instruments follow the manually explored path.

THE INSTRUMENTS



CT family artwork: sizes 15-40 shown. Identify size, taper and length from the pack.

SEQUENCE + CLINICAL DECISIONS

1	**Establish coronal patency** #10 hand file	Explore the coronal path to about half the projected working length before rotary entry.
2	**Assess the canal** Expeditor 27/.04 · 21 mm	Advance to first wall engagement, then withdraw. Select the canal group from the radiograph, hand-file fit and depth.
3	**Begin crown down** Small / medium / large group	Use the selected sequence below. Take each instrument to engagement with light pressure.
4	**Determine working length** After the second group file	After two files from the selected group, use a #10 hand file and apex locator to establish working length (WL).
5	**Complete preparation** Continue crown down to WL	Finish with the first file that engages at WL, or one size larger. If #15 is needed, return to #20 at WL.
6	**Fit the cone** Match final size and taper	Complete disinfection. Verify the matching gutta-percha cone at WL before obturation.

#10 HAND → EXPEDITOR → CROWN DOWN → WL → CONE FIT

Small canals

30 → 25 → 20 → 15

.04 or .06 taper. Use #15 only if needed; then return to #20 at WL.

Medium canals

40 → 35 → 30 → 25

.04 or .06 taper. Advance to engagement; stop at the selected apical endpoint.

Large canals

50 → 45 → 40 → 35

.04 or .06 taper. Select final size from engagement at working length.

TransformS™ CT

Compatible with EndoSequence

Select the canal group and work to engagement.

01

EndoSequence sequence for CT

CT is the standard constant-taper NiTi family. Use the selected .04 or .06 crown-down group. The extra-large .04 group is 80 → 70 → 60 → 55. Identify CT instruments by their TSCT article numbers.

02

Read the Expeditor engagement

Engagement before half its cutting length suggests a small canal; halfway or deeper suggests medium. Loose entry to full length suggests large. Use the radiograph and #10 hand-file feedback with this assessment.

03

Extra-small canals: modified .04 route

After the Expeditor, use 25/.04 then 30/.04 to engagement. Determine WL with #10 and an apex locator; a #10/#15 hand-file glide path can assist. Return to 25/.04, then 20/.04; use 15/.04 if needed, then return to #20 at WL.

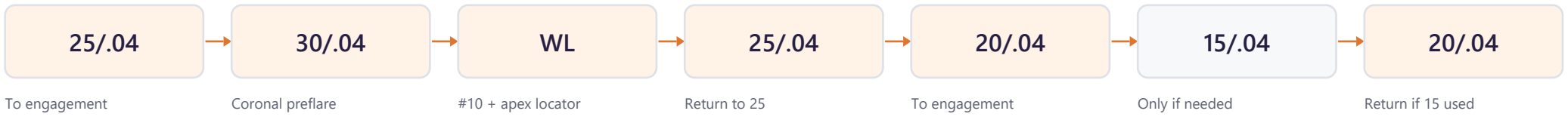
04

Work in short, light engagements

Use three gentle engagements per series, withdrawing fully after the third; each series takes 2-3 seconds. Use two series before changing files. Clean flutes, irrigate and maintain lubrication. Keep the file moving and never force advancement.

MOTOR SETUP Continuous clockwise rotation. 500-600 rpm. Initial torque 1.8-2.3 N·cm. Maximum 2.9 N·cm.

EXTRA-SMALL CANALS · MODIFIED .04 ROUTE



Finish at an engaged apical endpoint. If #15 is taken to WL, finish with at least #20.

TransformS™ CT-HT

Compatible with EndoSequence CM

Heat-treated constant-taper rotary crown-down sequence.

ENDOTECH ROTARY · 500-600 rpm · Initial 1.8-2.3 N·cm

ENTRY CHECK Scout with a #10 hand file. Rotary instruments follow the manually explored path.

THE INSTRUMENTS



CT-HT 25/.04 representative artwork. Identify size, taper and length from the pack.

SEQUENCE + CLINICAL DECISIONS

1	**Establish coronal patency** #10 hand file	Explore the coronal path to about half the projected working length before rotary entry.
2	**Assess the canal** Expeditor 27/.04 · 21 mm	Advance to first wall engagement, then withdraw. Select the canal group from the radiograph, hand-file fit and depth.
3	**Begin crown down** Small / medium / large group	Use the selected sequence below. Take each instrument to engagement with light pressure.
4	**Determine working length** After the second group file	After two files from the selected group, use a #10 hand file and apex locator to establish working length (WL).
5	**Complete preparation** Continue crown down to WL	Finish with the first file that engages at WL, or one size larger. If #15 is needed, return to #20 at WL.
6	**Fit the cone** Match final size and taper	Complete disinfection. Verify the matching gutta-percha cone at WL before obturation.

#10 HAND → EXPEDITOR → CROWN DOWN → WL → CONE FIT

Small canals

30 → 25 → 20 → 15

.04 or .06 taper. Use #15 only if needed; then return to #20 at WL.

Medium canals

40 → 35 → 30 → 25

.04 or .06 taper. Advance to engagement; stop at the selected apical endpoint.

Large canals

50 → 45 → 40 → 35

.04 or .06 taper. Select final size from engagement at working length.

TransformS™ CT-HT

Compatible with EndoSequence CM

Use the heat-treated family with the same crown-down order.

01

EndoSequence CM sequence for CT-HT

CT-HT is the heat-treated constant-taper companion to CT. This card applies the EndoSequence crown-down route to the CT-HT range. Its extra-large .04 group is 80 → 70 → 60 → 55. Identify CT-HT instruments by their TSCTHT article numbers.

02

Read the Expeditor engagement

Engagement before half its cutting length suggests a small canal; halfway or deeper suggests medium. Loose entry to full length suggests large. Use the radiograph and #10 hand-file feedback with this assessment.

03

Extra-small canals: modified .04 route

After the Expeditor, use 25/.04 then 30/.04 to engagement. Determine WL with #10 and an apex locator; a #10/#15 hand-file glide path can assist. Return to 25/.04, then 20/.04; use 15/.04 if needed, then return to #20 at WL.

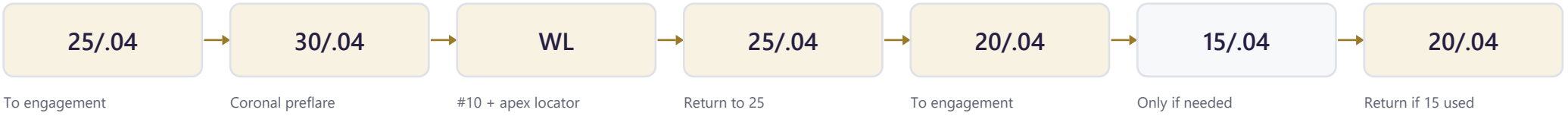
04

Work in short, light engagements

Use three gentle engagements per series, withdrawing fully after the third; each series takes 2-3 seconds. Use two series before changing files. Clean flutes, irrigate and maintain lubrication. Keep the file moving and never force advancement.

MOTOR SETUP Continuous clockwise rotation. 500-600 rpm. Initial torque 1.8-2.3 N·cm. Maximum 2.9 N·cm.

EXTRA-SMALL CANALS · MODIFIED .04 ROUTE



Finish at an engaged apical endpoint. If #15 is taken to WL, finish with at least #20.