

## Batel Dostov Journal 3

1. Demographics E.B, 35 year old, Medium/type I.
2. Assessments
  - A. Patient is a white female, came in for a regular check up and cleaning. No medications, no systemic disease, no allergies, is a smoker, ASA 2. Blood pressure 100/65, pulse 79.
  - B. Patient smokes seven to eight cigarettes a day for the past 10 years, not interested in quitting.
3. Oral Pathology Extra oral patient had TMD on the right side of the joint. Intraoral, bilateral linea alba was evident.
4. Dentition A. Class of occlusion is I bilateral. Overjet - 4mm, overbite - 60%
  - B. Patient had no teeth anomalies.
  - C. Patient also had no evidence of tooth decay.
5. Periodontal
  - B. Patient is perio type I, generalized 1-3mm with localized 4mm on molars, bleeding on probing, no recession.
  - C. Generalized coral pink in color, fits snug around the tooth, firm in consistency, localized stippling on maxillary anteriors with bleeding on probing.
6. Oral Hygiene
  - B. On initial visit I did not provide a plaque score, patient was dismissed after calculus detection. Therefore, on revisit

I recorded a plaque score of 1.2. Since most of the biofilm was seen interproximal, I taught the patient how to thoroughly floss.

- C. Most calculus was found supra gingival. Specifically on the linguals of the mandibular and maxillary anteriors. Also a few posteriors had sub gingival calculus on the lingual surfaces.
- D. Based on the plaque score and location I taught the patient how to floss in order to decrease the amount of plaque in those specific areas. Also since the patient stated that she brushes twice a day, I mentioned to floss before brushing teeth. I insisted the patient to do so because it would help the dentifrice to get in between the contact areas.

7. Radiographs A. Four bitewings were taken on patient.

B. No caries were evident on the radiographs. However, there was localized bone loss on teeth numbers 30, 19 and 18 with only 3mm away from the CEJ.

### **8. TREATMENT MANAGEMENT-Utilizing the Patient**

**concept map** A. The treatment plan consisted of full mouth hand scaling, engine polish, 5% varnish fluoride all in second visit. On initial visit I had went over medical and dental history, extra- oral and intra-oral examination, dental charting, periodontal charting and calculus detection. On revisit appointment, I continued with assessments and made a plaque score, taught patient how to floss, scaled all four quadrants along with the residuals, engine polished and gave a

fluoride treatment. B. There was no medical, social or psychological factors that would have impacted the

treatment.

C. After obtaining the plaque score and seeing where it accumulated most, I had taught the

patient how to floss. The goal for this patient is to continue brushing twice a day and incorporate flossing as well.

D. While showing the patient the correct way of wrapping floss around the middle fingers, she mentioned it was helpful technique to manipulate the floss.

E. The patient seemed interested when I put the mirror in front of her to show where exactly she is missing spots. Her response was that she brushes twice a day and thought that was enough in order to keep the oral cavity clean. That is when I mentioned that flossing before brushing teeth will definitely let the toothpaste get in between those missed contacts.

F. Since I did not get to hand scale on initial visit and finished treatment on the second appointment, I could not get an a sense of difference in tissue and inflammation.

G. No new interventions were made during treatment.

H. Patient was not given any referral.

I. I would not make any changes to treatment and educational plan.

## 9.Reflection

A. I accomplished everything I had planned for this patient both educational and mechanical.

B. One positive experience was hand scaling full mouth a medium patient in one

appointment, I believe my time management was clearly evident during revisit.

C. One weakness I had was not finishing all assessment during initial visit, even though I gone up to calculus detection I would like to finish up to plaque index and do prevention techniques on the first visit.