Cynthia Yun

DEN1200-D213

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Patient S.L

Demographics

S.L, 27 years old, Medium/Type I.

Assessment

Patient is a 27 year old Asian American female. Her B.P was 98/71 with a pulse of 99 and was classified as ASAI. Patient does not have seasonal allergies and she does not take medication or premedication. She reported being under the care of a physician for an automobile accident in early February. She was in the hospital but was discharged on the same day. The doctor recommended pain killers if necessary, but patient refused to take it. She does not drink, smoke or do drugs. Her last dental cleaning was in early 2018 and her last dental radiographs were taken in early 2018 but patient reported that she does not recall how many were taken.

Oral Pathology

After the completion of the EO/IO examination, the EO findings were trauma on distal corner of left eye due to stitching from an accident that is healing, unilateral crepitation present on the left TMJ and IO findings were a mandibular right torus and a unilateral enlarged tonsil on the left side. During her subsequent visits, the trauma on the distal corner of the left eye was still in the process of healing.

Dentition

The patient has a bilateral Class I occlusion with a 0mm overjet and a 0% overbite (edge to edge bite). Tooth #11, #14, #16, #29, #30, #31 were missing and patient reported having them

extracted over five years ago, due to severe tooth decay. There were suspicious lesions on #1-O, #7-M, #12-DL, #17-O and #19-D and evidence of stitching mesial to tooth #32. Patient have overcrowding on the maxillary anterior teeth and attrition on #7, #8, #9, #10, #22, #23 and #27. She has two diastemas between tooth #10 and #12 and #28 and #32. She has two root canal treatments done on #15 and #18 covered with a PFM crown on each tooth, amalgams on #2-DOL, #12-DOL, #19-BO, #28-O, #32-O, and composites on #3-DOL, #4-MO, #5-DO, #8-F, #9-F, #10-F, #19-B, #20-DO and #21-DO. Patient was given a referral for further evaluation of the suspicious lesions on #1, #7, #12, #17, #19 and the stitching mesial to #32.

Periodontal

Patient was classified as a periodontal assessment Type I with localized probing depths of 3mm-4mm in the posterior regions. Her calculus case value was medium with light staining on her teeth. There was minimal bleeding upon probing and minimal gingival inflammation.

Oral Hygiene

The patient's initial plaque score was 0.6 which indicated a good oral hygiene score. On her subsequent visit the score was 0.5 which showed slight improvement. There were subgingival calculus deposits found on tooth #4-M, 7-D, #9-D, #17-DM, #20-M, #21-D, #23-DM, #24-DM, #25-DM, #26-M, #28-DM and supragingival calculus deposit on #17-M. When interviewing the patient regarding her oral hygiene care at home, the patient reported using a manual toothbrush twice a day and flosses once a day. She reported not using an oral rinse and she does not use a tongue cleaner. Based on the findings, the planned oral hygiene intervention included teaching the patient how to brush using the vertical leonard method, how to floss with the proper technique, and scaling all quadrants to remove calculus. The primary goal of the plan is to help

reduce the patient's overall plaque and calculus build up, which would help reduce gingival inflammation and improve or mitigate disease/condition.

Radiographs

The patient did not require radiographs because she had radiographs taken in early 2018.

Treatment Management

The proposed treatment plan included scaling, engine polishing and fluoride varnish treatment. During the patient's initial visit, I went over her medical history, completed the EO/IO exam, dental charting and started periodontal assessment. During her second visit I completed the periodontal assessment, determined that she is a Type I, completed calculus detection, determined the patient's calculus case value as medium with light staining, determined the plaque index score with the disclosing solution and established a treatment plan. During her third visit I completed scaling all four quadrants using the ultrasonic and hand scalers, performed engine polishing and provided 5% fluoride varnish treatment. After completing the treatment, the patient was recommended for a recare appointment in four months because she has a medium calculus case value, a referral given for suspicious lesions and for numerous dental restorations. There were no medical, social or psychological factors which impacted the treatment. My patient home care goals for the patient were to effectively help her improve her plaque index score, bring her probing depths back into the health 1-3mm range, reduce inflammation and reduce or eliminate calculus deposits. Upon interviewing the patient about her oral hygiene intervention, patient was initially using a manual toothbrush, in which I taught her to use the vertical leonard brushing method for a minimum of two minutes. During the subsequent visit for the treatment, I taught her how to properly floss by showing her how to slowly slide the floss between the teeth until the floss is below the gingiva or gumline, form a C shape and slide it up and down a few

times before moving onto the next tooth surface. During this visit patient reported that she started to use mouthwash once a day and she ordered a Crest Oral B electric toothbrush and will start using it once she receives it. The patient was eager to learn about her oral health and how to improve it since her initial visit. Patient's gingival tissue has improved and were not inflamed anymore. In hindsight, I would not have changed any part of my treatment plan or patient education plan because it was based on the patient's needs. Patient showed interest and willingness in improving her oral hygiene home care.

Reflection

I accomplished everything that I planned for the patient; both educational and mechanical. My treatment plan was completed as planned and the patient showed interest in improving her oral health. Reflecting on my clinical treatment and faculty feedback, my clinical strength was probing. It was the fourth time I completed a full mouth periodontal assessment. I was happy to know my probing skills have improved since the first clinic patient I had this semester. My clinical weakness during the clinical treatment was identifying composites. I struggled to identify composites on some teeth because it looked like real enamel. With the professor's help, I was able to identify all of the composites. I hope with more experience, I will be able to identify composites more accurately and be able to tell the difference between composites and enamel.