Danielle Kim

DEN 1200 E601

Journal 1

1. **DEMOGRAPHICS**

New Patient, R.M., 20 years old, Medium/Type I

1. **ASSESSMENT**
   1. Patient is a Brazilian female. Patient’s last physical examination was in June 2018, and last dental examination was in 1/19/19. Patient had orthodontic treatment from ages 12-17. Patient is of good health, and had no recent hospitalizations. BP:116/88, ASA I.
   2. Patient is a non-smoker, and non-drinker.
   3. Patient does not take any prescribed/ non-prescribed medication.
   4. Patient does not have any systemic disease.
2. **ORAL PATHOLOGY** (Extra and intra oral findings)
   1. Extra oral examination was within normal limits.

* 1. Intra oral assessments included a scar at the mucosal lining above teeth #8-10, near the muco-gingival junction and labial frenum due to a dog bite. Patient has a palatal tori on hard palate, and a coated tongue.

1. **DENTITION**
   1. Patient is missing teeth #1,11,16,17,32. Patient has a class I with a tendency of class II on left side of mouth, and a class I occlusion on the right side. Overjet: 3mm, and overbite: 20%. Attrition present on teeth #7-10, and #23-26.
   2. Patient has no presence of caries, restorations, or tooth anomalies.
2. **PERIODONTAL**
   1. Case type: I, Gingivitis. Patient has no sign of recession, and had minimum bleeding on probing on teeth # 3,4,5,12,13,14,15,22,24,26,27, and 28. Deepest localized pocket being 4 mm. Patient had minimum inflammation present.
   2. Gingival Assessment: Patient has diffused pale pink colored gingiva, that looked knife edged, and tapered to the teeth. Patient has localized bulbous papilla on #26, felt firm and resilient, matte appearance and stippled.
3. **ORAL HYGIENE**
   1. Patients initial plaque score was 1.0, and revisit plaque score being 0.83.
   2. Patient had some sub-gingival calculus interproximally on the buccal mesial aspect of teeth #2, 3, and 15. Supra and sub-gingival calculus was found interproximally on lingual and buccal aspects of teeth #23-26. Moderate bleeding was present during calculus detection.
   3. Explained to patient the cause of bleeding during calculus detection. Showed the patient how to floss interproximal spaces with both floss pick and floss. Recommended the patient to floss twice a day, and explained how bleeding should minimize with the increase of dental flossing.
4. **RADIOGRAPHS**
   1. Patient did not require radiographs. No radiographs were taken.
5. **TREATMENT MANAGEMENT-Utilizing the Patient concept map**
   1. Visit 2: taught patient how to floss, and explained about biofilm, and why there was gingival bleeding interproximally and inflammation present. Started scaling on patient. Visit 3: Completed scaling on all 4 quadrants without any anesthesia, there was some generalized bleeding on scaling. Completed engine polishing on patient using fine grit. Recommended patient to keep continuing the home care regimen that was taught.
   2. No medical, social or psychological factors were present that impacted on the treatment.
   3. Patient had interproximal bleeding in the gingiva, so I taught the patient how to floss using the floss pick, and regular floss.
   4. Patient was surprised that she was flossing incorrectly all this time. She was excited to go home and correctly use the interproximal aid.
   5. The patient seemed more interested in her oral health as treatment progressed, since I explained to the patient why there was bleeding, and why the patient’s general oral state was how it was.
   6. Patient had improved plaque score, and less inflammation from initial visit to the revisits.
   7. Patient was not referred to a DDS, or MD.
   8. I would not have changed any part of my treatment plan or patient education plan.

1. **REFLECTION**
   1. I believe I accomplished everything I planned educationally, however mechanically, I would have liked to have given them a sodium fluoride treatment for this patient.
   2. Reflecting on my clinical treatment and faculty feedback, a positive experience I felt during the treatment of this patient was how fulfilling it was informing the patient about there overall oral health state. It made me happy that I was able to help the patient become more knowledgeable about their oral health care.
   3. A clinical weakness that I felt with this patient was how during their last visit, it was a bit rushed. I feel that I should have been more aware of time, so that it wouldn’t have felt this way.