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DEN 1200

Spring 2018

Journal 3- Air polish Exam

1. **Demographics:**

S.G., 21 years old and became 22 years old at second visit, Light/ Perio Type 1.

2. **Assessment:**

a. Patient has been under porcelain orthodontic care for a year and still continuing. Vitals

 BP 109/66 P 78, which are the measurements patient usually has. ASA Type II.

b. Non smoker.

c. No medications taken.

d. Patient has slight anemia but does not take any medications for it.

e. No prescription medication taken.

3. **Oral Pathology:**

a. For Extra oral findings: Generalized, 1mm, round border macules on face. Bilateral Submandibular lymph nodes palpable but not tender feeling as per patient. Under chin, patient has a 12mm linear scar from falling off a truck at 8 years old. For Intra oral: Bilateral linea alba, palatal torus, and red pharynx. Right retromolar pad is slightly elevated but the 3rd molars were previously extracted.

4. **Dentition:**

 a. Class I occlusion on right side and class II occlusion on the left, overbite 50%, overjet 6mm.

b. Patient is missing teeth #1, 5, 14, 16, 17, 19, and 30, which were previously extracted to begin ortho placement.

c. No suspected carious lesions present.

5. **Periodontal:**

a. Periodontal case type 1. Probing depths ranged from generalized 3mm to 6mm throughout the oral cavity. There was generalized, minimal bleeding upon probing, with no recession present.

b. Generalized coral pink gingiva, with rounded papilla and marginalized redness through out gingiva. Patient had firm, resilient, and stippled tissue.

6. **Oral Hygiene:**

a. Patient was not disclosed due to having porcelain braces that can be affected by the red dye. However, patient had severe plaque interproximally that can be seen as well as felt with an explorer due to not flossing.

b. Generalized light subgingival calculus and light staining.

c. Patient brushed twice a day with a soft bristle tooth brush but did not floss. Upon findings, patient was not effective at removing plaque around the gum line and interdentally. Patient was taught fones technique to ensure effective removal of plaque with the braces. Taught proper method of flossing with floss threader as well to ensure interdental plaque removal.

7. **Radiographs:**

Patient was not recommended for any radiographs during the visits due to having them taken 6 months prior.

8. **Treatment Management:**

a. Initial visit was assessments up to but not completing calculus detection. Next visit was also the last visit. Calculus detection was completed and patient was categorized as a light patient. Patient was not disclosed due to porcelain braces, but was taught fones tooth brushing and flossing with floss threader. S.G. was provided the treatment plan, which I obtained consent for and scaled all four quadrants with hand instruments. Took air polishing exam on patient and used glycine powder due to restorations. Neutral fluoride was given to patient for 4 minutes. Recall was set for 3 months.

 b. Porcelain braces impacted patient’s ability to be disclosed.

c. Recommended fones tooth brushing and flossing with floss threader, which patient stated was well liked and of much help.

 d. Patient was not referred to DDS.

e. In hindsight I would not have changed my treatment plan or education plan. I was able

to remove patient’s calculus, remove staining and plaque through air polishing and taught the proper aids to ensure removal of plaque from all tooth surfaces. S.G. never knew there were different methods of tooth brushing or there were such things as floss threaders for those with braces. Patient was amazed at how well the gingiva began to feel and look in her eyes and stated her mouth felt much lighter now.

9. **Evaluation:**

a. Patients response to the interventions introduced and taught was great appreciation.

Along every step of patient’s assessment and treatment I explained any and everything that was being done. Patient was amazed at how many things were not known about oral hygiene and the care. S.G. stated she had no idea floss threaders existed or how to remove plaque buildup under the ortho wires or interproximally. After the visits, I made a follow up call with the patient and she stated she has bought floss threaders for home use and notices a difference in her teeth.

b. The patient was very interested in her oral health improvement as treatment

was done. She was very impressed with how air polishing for just a few minutes improved the look of her teeth. She asked when she had concerns about her oral health care as well.

c. Patient was only seen for 2 visits. From initial visit to completion, patient’s gingival tissue seemed less red marginally and had much less plaque than when first examined.

d. An intervention I recommended to the patient was to floss threaders. Even though she was brushing twice a day, every day, she was not flossing. The interproximal plaque could be seen and was shown to the patient, whom now has stated she began using floss threaders in her daily oral hygiene care.

10. **Reflection:**

a. I believe I accomplished everything I planned. Along every step of the treatment I explained everything to the patient so that she may be aware of what I am doing and why I am doing it. She responded by stating she learned so much about dental hygiene that she had not known before and no one took the time to teach. Being the first patient I had with orthodontics, after hand scaling her calculus, I felt very accomplished even though at first I was apprehensive about not being able to work around the brackets. I put all the knowledge I gained thus far to work and changed my angulation slightly to ensure proper removal of plaque.

 b. A positive experience I had with my clinical treatment and faculty feedback was that my scaling technique was more improved now and utilization of air polishing for the first time went great. While providing treatment and educating, I realized just how much I had learned in just one semester. When faculty watched my scaling implementation and responded with great remarks on strokes and ergonomics, it was the best feeling. I felt accomplished completing my first braces patient and being told by the patient she learned a vast amount of information and was actually implementing all instructions taught to her. In addition to that, we learned air polishing and this patient was my first implementation of it. It was very effective in removing the patient’s severe interproximal plaque buildup and remove her slight staining as well. This new, fast, effective method of polishing was wonderful for both my patient and I.

 c. I feel my weakness in regards to this patient was initial difficulty with working around the brackets of the braces. I realized while trying to remove the subgingival calculus, I stopped before reaching the bracket due to being afraid of messing the wires up. That was when Professor Matthews was able to show me all I had to do was change my angulation slightly to be able to reach under the wire and remove the calculus without touching the wires. In doing this I was able to remove the calculus faster than I originally felt. However, this weakness is also a means to learn. There is always room for improvement and I will continue to work on my instrumental skills. With the help of the faculty I know I can become the dental hygienist I want to be.