

# Case Journal #1

## 1. Demographics

Patient is R.R., Caucasian male, 30 years old, Medium/Perio Type II

## 2. Assessment

Patient has dental check-ups and cleaning every six months.

Patient had no systemic conditions, no allergies and is not taking any medications. ASA 1.

Patient's vital sign was 124/86 and pulse is 84.

Patient's last dental treatment was for composite restoration #4 MO and dental cleaning was September 2017.

## 3. Oral Pathology

Patient had no significant findings on extra oral and intra oral examination. Gingival tissue had moderate inflammation and localized recessions. Rolled gingiva on the buccal surface of tooth #6.

## 4. Dentition

Patient has a class 1 type of occlusion with 4 mm overjet and 30% overbite.

Third molars are all present. He has 2 PFM crowns (#5 and 13).

All his teeth had restorations except for teeth # 23, 24 and 25. Caries risk assessment was performed. Patient has a high risk of caries due to ineffective dental care.

Patient was referred to a dentist for possible caries on teeth # 3, 17 and 32.

Localized recessions on teeth # 6, 9, 22, 27, 31 and 32.

## 5. Periodontal

Patient has a type II periodontitis with 4mm to 5mm probing depths on the posterior and 3mm to 4mm on the anterior surfaces, both mandible and maxillary arches. Bleeding upon probing on most of the posterior teeth.

## **6. Oral Hygiene**

Patient used a hard toothbrush and his method of brushing was circular. He had light extrinsic stain on the anterior lingual of the mandible due to drinking tea (2x a day).

Patient's initial plaque score was 1.3. He had more plaque on the left side and anterior lingual of the mandible. Tooth brushing was the first homecare I taught because the patient had a lot of plaque on the buccal and lingual surfaces of the teeth. I showed him the Modified Stillman tooth brushing method (due to recession) which incorporates the vibration technique and rolling method. I showed him his periodontal chart and explained his current oral health condition. I demonstrated the proper way of brushing his teeth. He was motivated to change his method.

Patient told me he is aware of the recession he had and tried to change his hard toothbrush into soft. He spent more time brushing on the right side so I told him to spend approximately 30 seconds in each quadrant.

There was an improvement of the plaque score on the third visit, 1.3 decreased into 0.8. The patient showed me again how he brushes his teeth. I asked him if he started using the soft bristle toothbrush. He was having a hard time of not putting too much pressure on the toothbrush so I recommended trying an electric toothbrush this time. I also introduced the flossing method and he was able to follow the correct way of doing it (hug the tooth and form a c-shape, up and down in between of the contact surface). Plaque score decreased to 0.5 in the last visit. Improvements were seen on the gingival tissue and minimal bleeding upon probing.

## **7. Radiographs**

Patient had 4 bitewings taken in school on March 20, 2018. Radiographs were discussed with the patient about the suspected caries on teeth #3, 17 and #32. Referral form was given to the patient for caries evaluation.

## **8. Treatment Management**

Visit 1. Patient Assessment was performed up to perio charting.

Visit 2. Calculus detection, OHI (introduced homecare- tooth brushing method) and discussed treatment planning with the patient.

Visit 3. Checked the gingival tissues and performed the plaque score again to see if there was any improvement in homecare. Flossing was recommended this time. I finished scaling the right side quadrants (upper and lower) with the use of hand instruments (scaler, universal currettes and area- specific currettes).

Visit 4: Discussed with the patient about oral homecare instruction and oral rinse was introduced. Re-evaluated quadrants 1 and 4 for any residual calculus. Less inflammation of the gingival tissue. Completed all the quadrants including the left side, second and third quadrants. Patient was recommended in 4 month recare.

## **9. Evaluation**

Patient was compliant with the homecare methods. Improvement was shown in the plaque score after the initial visit. Gingival tissues improved and there was a decrease of bleeding upon probing on the posterior teeth. He was unable to reduce the amount of pressure used while brushing so an electric toothbrush was recommended to the patient. Other than that, the results were positive.

## **10. Reflection**

To accomplish something is rewarding. I didn't think I could finish the treatment planning because of the conflict of schedule. This patient was the first patient I completed so time management was an issue in the beginning. Also, I still have some things I need to improve on. For instance, my communication skills with the patient. Homecare instruction needs to be explained thoroughly to the patient. I know this shouldn't be an excuse but English is my third language and I am working on improving it. Challenge is part of experience and I am learning everyday.

## **Prevention**

1. Was your homecare plan successful? Explain in detail.

My homecare was successful because the patient applied the things I taught. He showed willingness to embrace this new method in his oral care routine and to continue doing it. For example in the third visit, he was able to show me the proper way of brushing his teeth as well as flossing. The patient was eager to change his bad habits of brushing too hard so he started using the electric toothbrush. Improvement was evident on the gingival tissues even before I started scaling.

2. Were your stated outcomes achieved?

I believe the outcomes were achieved. The main priority for the patient was to reinforce the homecare such as tooth brushing, flossing and oral rinsing. As a future dental hygienist, my purpose is to educate the patient in keeping his mouth clean and for him to understand that there are consequences if he will continue his old routine. He is aware of the recession he created from using the hard toothbrush and will now take extra care on that matter. He now knows he can't have

more caries because he already has a lot of restorations. The patient has slight periodontitis so by implementing all of these methods, he would be able to prevent the progression of the disease and that is very important. He obliged to continue doing the homecare regimen and come back in 4 months for recare.

3. What worked? What didn't?

Even after changing to the soft toothbrush he still had the old habit of putting too much pressure on the bristle. It was difficult for him to change his method so I recommended using an electric tooth brush. He is more comfortable with the second option. Also, he began to use floss regularly.

4. How were you able to motivate your patient to comply with your instruction?

I motivated the patient by using myself as an example. I told him I had a bad oral hygiene until one day my hygienist scared me by telling me I will lose my teeth. I told the patient that I am not going to scare him the way my hygienist did to me, but he really needs to take care of his oral hygiene. I showed him his periochart and the bone loss graph. I showed him which part of his teeth are more inflamed/bleeding and told him to spend more time on those areas when he is brushing his teeth. I reminded him again that he needs to rinse his mouth everytime he eats and that water is fine if he has no access to mouthwash. I told the patient that my job is to teach him proper oral hygiene, but to apply these teachings is his responsibility. The patient is motivated to do it. It was satisfying looking at my patient leaving the clinic with a big smile and he was grateful learning these things.

## **Case Journal #2**

### **1. Demographics**

Patient is E.R., Hispanic male, 64 years old, Medium/ Perio Type II

### **2. Assessment**

Patient has dental check-ups and cleaning every year.

Patient has hypertension, taking Lisinopril (5mg.). ASA 2. No allergies from medication.

Patient's vital sign was 130/78 and Pulse was 85.

Extra oral examination was within normal limits.

### **3. Oral Pathology**

Patient had no significant findings in intra oral examination except for the small mandibular tori (bilateral). Gingival tissue was generalized healthy tissue. Rolled gingiva on the buccal of anterior maxillary arch.

### **4. Dentition**

Patient has a class 1 type of occlusion with 4mm overjet and 15% overbite.

Patient has 2 crowns # 19 and #30.

Patient had restorations on teeth #3, 4,5,6,8,9,11,12,15,20 and 21. Caries risk assessment was performed on the patient. Patient has a high caries risk. He has a dry mouth due to medication. Patient is consuming food six times a day.

Patient has generalized recessions.

Patient was referred to a dentist for possible caries on teeth#2.

### **5. Periodontal**

Patient has a type II periodontitis with 4-5mm probing depths and 7mm probing depths distal on teeth #18 and #3. Patient was referred to a periodontist.

There was a minimal bleeding upon probing on the posterior teeth.

### **6. Oral Hygiene**

Patient used a hard toothbrush and a circular method brushing technique. He had light extrinsic stain on the anterior both buccal and lingual due to smoking 2 years ago.

Patient's initial Plaque score was 0.6. He had more plaque on the lower left lingual side and lower anterior lingual. Tooth brushing was the first homecare I taught because of the plaque accumulated on the surfaces of the teeth especially on the bottom lingual areas. I introduced the Modified Stillman tooth brushing method because of the generalized recession. I went over the proper way of brushing his teeth. He already changed to using a soft toothbrush (one year ago) so it wasn't difficult for him to incorporate the tooth brushing method.

Patient was motivated to follow the method and brush his teeth approximately 2 minutes with minimal pressure.

Plaque score at the initial visit was good so I told the patient to keep his oral hygiene routine. Although he needs to extend the brushing time and apply the method I taught in order to improve his oral hygiene. During the next visit, I introduced the proxabrush because he has type II embrasures in the posterior teeth. The proxabrush cleans better in the interdental spaces. I gave 2 proxabrushes to the patient for him to try.

## **7. Radiographs**

Patient had no radiographs for more than 5 years so a full mouth set of x-rays was recommended.

## **8. Treatment Management**

Visit 1: Patient Assessment was performed up to calculus detection.

Visit 2: OHI, introduced the Modified Stillman tooth brushing method and discussed treatment planning with the patient. I started scaling on the upper right side quadrant with the use of hand instruments (scaler, universal curettes and area-specific curettes).

Visit 3: Checked the gingival tissues and performed the plaque score again, went over homecare instruction. The proxabrush was introduced this time. Evaluated upper right quadrants for residual calculus. Completed the quadrants 2, 3 and 4 with the use of hand instruments. Fine paste polishing was used after scaling due to restorations. Patient was recommended in 4 month recare.

## **9. Evaluation**

Patient was compliant with the homecare instructions. Improvement was evident on the gingival tissues and there was a decrease of bleeding upon probing after the initial visit. He showed me again the tooth brushing method I taught him. The homecare instructions were all followed. The methods were effective.

## **10. Reflection**

Patient's optimism drives me to be motivated in becoming a dental hygienist. It's a nice feeling when the patient is grateful for the things you've done. He was willing to change his bad oral habits such as brushing hard and put more time in brushing his teeth. I was able to finish his treatment in 3rd visit so my time management has improved. I improved in the area of communicating with patient, but I still need to improve in explaining the homecare instructions. My main goal is for the patient to be able to understand how important oral hygiene affects his overall health.

## **Journal #3**

### **1. Demographics**

Patient is S.R. Caucasian male, 61years old, Heavy/Perio type III

### **2. Assessment**

Patient's last dental checkup and cleaning was January, 2018. Patient's main concern was heavy stains on both maxillary and mandibular anterior buccal surfaces of the teeth. Patient does not smoke and has no systemic condition (ASA 1). Blood pressure was 108/70 and 78 pulse.

### **3. Oral Pathology**

Patient has no significant findings in both extra oral and intra oral examinations. There was inflammation around the implant #4 and redness on the gingival margin. Patient was recommended to consult an oral surgeon.

### **4. Dentition**

Patient has localized recessions on most of the posterior teeth due to the previous habit of putting so much pressure on the toothbrush. Patient had 2 implants, #8 and #4 but implant #4 was removed before the last visit due to the inflammation of the tissues and significant bone loss. Patient needs to have a bone graft procedure. Patient has 2 bridges. One is a 4-unit bridge #11 to #14. The other one is a 3-unit bridge, #18 to #20. Patient has 2 porcelain fused metal crowns #30 and #31. Patient has composite restorations on teeth #2, 3, 16, 17 and #32.

Patient's occlusal classification is class 1 bilaterally, 3mm overjet and 10% overbite. There is suspected recurrent caries on #16D and referral was provided.

### **5. Periodontal**

Patient was perio type II but later was changed to type III after radiographs were taken. It showed class I furcation on teeth #14, 18 and #30. Patient has 5-7mm probing depths on most of the posterior teeth. There was moderate bleeding upon probing. There was moderate inflammation of the gingival tissue especially on the first quadrant close to implant #4. Type II embrasures are present on some of the areas on the posterior teeth.

## **6. Oral Hygiene**

Patient's initial plaque score was 1.8. There was more plaque on most of the posterior teeth as well as on the lingual aspect of the anterior of mandible. Patient was taught how to use the electric toothbrush properly and a floss threader for the bridges. Patient had a lot of stain due to drinking coffee and tea three times a day. Patient had a lot of subgingival calculus on most of the teeth and supragingival calculus on teeth #22 to #27 on the lingual aspect.

## **7. Radiographs**

Digital BW x-rays were taken during the clinic session (04/26/18). Radiolucency around implant #4 was visible on the radiograph. Patient was advised to see the oral surgeon who did the implant. Referral was provided. On the x-ray, radiolucency was detected on furcation #14, 18 and #30.

## **8. Treatment Management**

Patient assessment was completed on the first visit. Home care instruction was given and demonstrated to the patient. Initial plaque score was taken (1.8). On the 2nd visit, BW radiographs were taken. Intra oral examination was performed and gingival tissues were reevaluated. Gingival tissues improved and less inflammation. Reviewed the oral homecare instruction (OHI) with the patient and use of floss threader was introduced. Upper right and lower right quadrants were scaled with the use of scaler, universal and area specific curettes. On the last visit, OHI and plaque score were performed once again. Checked any residual calculus on upper right and lower right quadrants. Continued scaling on upper left and lower left quadrants then finished the patient with air polishing, glycine powder was being used. The patient was advised to return after 3 months.

## **9. Evaluation**

Patient was compliant with all of the homecare instructions. Improvement was evident on the gingival tissue. Plaque score decreased from 1.8 to 1.3. There was minimal bleeding on the last visit. Patient brushed his teeth once a day so he was reminded that he should brush his teeth at least twice a day. Patient said his dental hygienist never incorporate the home care instruction so he



brushed his teeth only once a day. Patient said he always flosses and uses the waterpik when he's not brushing so I went over the oral hygiene routine and made sure he understood all the instructions. Also, I advised the patient to always rinse with fluoride after eating. On the last visit, the implant #4 was already removed and was healing. Implant #4 had significant amount of bone loss so the oral surgeon needs to do the bone graft procedure.

## **10. Reflection**

I am getting better with the time management. This patient was heavy, had a lot of calculus both supra and subgingival. I was able to finish him in the time I expected. Although, it took some time for me to remove the calculus on the lingual aspect of the anterior of the mandible. Other than that, I feel satisfied because the patient left my cubicle with something he never learned from his dental hygienist.