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Writing Assignment #2

Both Crest and Oral-B's videos provided an informative synopsis on gingivitis. The videos helped to clarify what we have already been learning. The videos emphasized that gingivitis is caused by a buildup of plaque. The bacteria that is in the plaque causes irritation to the gums. I also learned that 75% of Americans will experience gum disease at some point in their life, which is a very significant number. There are multiple risk factors that can increase gingivitis. According to Crest, these risk factors include: Smoking/Tobacco use, Poor oral hygiene, not fully removing plaque, stress, hormonal changes, poor nutrition, medications, and chronic diseases. Many patients may not be aware that they are experiencing gingivitis. As a hygienist, I would educate each patient to identify the signs and symptoms of gingivitis. I would draw attention to how important it is to practice good oral hygiene. I would provide patients with a list of products that are helpful in preventing gingivitis as well as reinforcing the importance of brushing twice daily and flossing at least once a day.

It can be very easy to zone out in the morning while brushing your teeth. You may be thinking of the daily obstacles or tasks that are ahead and before you know it you do not even realize you're brushing your teeth. This can be harmful because a patient may end up scrubbing too hard without realizing or even missing some spots that needs attention. The tips I would provide to my patients on ensuring they are brushing all their teeth is first to be mindful of those 2 minutes that you will be spending brushing your teeth. I would use a disclosing agent to teach and show the patient what areas can be worked on more effectively. I would also demonstrate a toothbrushing technique that best suits the patient and their personal oral hygiene needs. According to Wilkins and the brushing technique slides, the bass method or sulcus cleaning method is the most accepted and effective method in removing dental plaque at and underneath the gingival margin. If suitable I would recommend this method to patients.

The tips I would provide on the care of toothbrushes would be to replace the toothbrush every 2-3 months. Brushes should be replaced before they become splayed, frayed, or lose resiliency. I would explain to the patient that the toothbrush needs to be adequately dried between brushings. The brush should be kept in an upright position in open air, avoiding contact with anyone else's toothbrush. Brushes should not be stored in closed containers as it can invigorate the growth of bacteria.

A manual toothbrush is a simple design that has been around for centuries. It is controlled and maneuvered by your hand and guidance. An electric toothbrush is power-assisted. An electric toothbrush is controlled mechanically and has the ability to exert different motions such as rotation oscillation, counter oscillation, sonic or ultrasonic motion, side to side, and circular. The pros of a manual toothbrush is that it is very cost effective, and overall a more simple and widely available option. However, the cons are that without the right technique plaque can still be left behind after brushing. The pros of an electric toothbrush is that it can be more suitable for patients with limited manual dexterity, it is more effective at cleaning

and removing plaque, and some may have smaller brush heads which allow for better accessibility in the oral cavity. The cons are that it may not be affordable for everyone and being that some are battery operated it can run out of power. The tips I would provide to a patient about an electric toothbrush is to make sure that the bristles are soft. Also, I would explain to the patient that even though it is power-assisted, if you do not use it correctly it would not be as effective.

In 1815, a dentist named Dr. Levi Spear Parmly found that waxed silken thread could be used as floss. The significance of flossing is that the toothbrush is not capable of reaching into the interproximal/interdental areas. Without flossing the plaque biofilm in the contact area cannot be removed or disrupted. Failure to remove plaque or food debris from the interproximal areas can result in inflammation or even carious lesions. The spool and loop methods both use 12-15 inch pieces of floss. According to Wilkins, the spool method is conducted by wrapping the floss around each middle finger. The textbook states that the next steps are "For maxillary insertion hold the floss between thumb and index finger, Alternatively hold floss between thumbs, for mandibular teeth direct the floss down guided by the index fingers, work the floss slowly between the teeth in a short sawing motion, curve the floss around the tooth in a C shape, press the floss firmly against the tooth and move gently beneath the gingiva, slide the floss up and down with pressure, and begin flossing with the most distal surface of the posterior tooth"(Wilkins 2020). The loop method is more suitable for people with limited dexterity and small children. It is conducted by tying the ends of the floss together and the circle can be rotated as the floss is used.

Part 4: Patient Care

1. How would you approach a 13-year-old teenager who has orthodontic appliances and tells you he brushes once a day and never flossed before getting braces?
2. How would you approach a 28-year-old patient who has localized gingival recession and the buccal surfaces of all posterior teeth, and indicates that they have been scrubbing their teeth using a medium TB bristle their entire life, and only flosses when food gets stuck in-between?

I would engage in a motivating conversation with this 13-year-old. I would explain to this patient how important it is to floss and brush while undergoing orthodontic treatment. The orthodontic appliances accumulate plaque very easily. If this plaque is not adequately removed it can lead to gingival irritation. I would encourage the patient to brush twice a day, keep interproximal brushes on hand to clean after eating, and demonstrate how to use the floss threader. It would be a good teaching moment for the patient.

With the 28-year-old patient who is presenting with localized recession, I would have a patient mirror to point these areas out. I Would explain to the patient that the

medium toothbrush and the way they are holding the brush is causing damage to the gum tissue. I would also reiterate how important it is to floss once daily regardless if food is stuck or not. Also, I would introduce the patient to the modified bass technique. It would be important for the patient to understand how to lightly grasp the toothbrush while brushing instead of gripping it too tightly and scrubbing vigorously.

From this assignment, I have learned how important it is for us as clinicians to prevent gingivitis. We hold the knowledge to educate and encourage patients to conduct oral hygiene techniques that will prevent them from having further issues. Gingivitis is very common, but can also be easily avoided with the proper guidance. I did find this assignment beneficial because it helped to reinforce the different methods that I would have to teach as a Dental Hygienist. I have family members with toothbrushes that are completely frayed, which is an indication of scrubbing too hard. I now have the knowledge to educate them on how and why this is not the right technique. I am definitely comfortable with having a conversation with future patients about plaque, calculus, and toothbrush and flossing methods. Our job is to help the patient have optimal oral health, and I would always strive to make sure I am helping and educating patients to the best of my abilities.

Citations

Boyd, L. D., Mallonee, L. F., & Wyche, C. J. (2021). *Wilkins' clinical practice of the dental hygienist*. Burlington, MA: Jones & Bartlett Learning.