Nastassia Liaushun
DEN 1200
Journal 1

1. Demographics
Patient is N.U. Female. Age 32. Medium/type I.

2. Assessment
a) Patient reported to be in a good health. Her medical history and vital signs were within normal limit: BP was 129/80, pulse was 82. Patient is ASA 1.
b) Patient does not smoke.
Patient is a social drinker. She reported to have 1 beer or 1 glass of wine every 2 weeks. Moreover, patient admitted to consume a lot of coffee (4-5 cups per day).
c) No predications required.
d) No systemic conditions, no allergies.
e) No medicines are currently being taken.
When interviewed, patient reported to clean her teeth once a day in the morning only. Patient emphasized that she uses medium bristles tooth brush and horizontal scrub-brushing stroke. Patient said she flosses once a week and she uses Listerine antiseptic mouthwash twice a week.

3. Oral pathologies (Extra oral and Intraoral Findings)
EO: generalized multiple macules around 1 mm were found on the patient's neck area, small 5 mm papule was noticed below the patient's right ear. Patient said she was aware of them and she reported to have them since she was a child.
In addition, patient had a scratch around 2 mm near the right ear, face scar around 1 cm on the right side of the forehead. Patient had a unilateral (right side only) clicking of the TMJ without any symptoms.
IO revealed the presence of bilateral mandibular tori.
However, everything was within normal limits, no pathologies were found.

4. Dentition
a) Patient has bilateral Class I occlusion. Overbite is 60% and Overjet is 2mm.
b) Patient has one occlusal composite on #18. #32 is missing. # 1 and # 16 have small clinical crowns (microdonts). # 17 is partially erupted and its distal surface is covered with operculum. There is attrition on #23-26. # 8-10 have mamelons. # 22 is slightly chipped on the facial side.
Patient does not have any erosion, abrasion or abfraction.
c) No decay or suspicious caries lesions were found during an examination.

5. Periodontal

a) Perio Type 1, generalized 2-3 mm probing depths, generalized light BUP, localized moderate BUP on lingual and facial side of mandibular anterior teeth (#22-27). There is 2 mm localized recession on the direct facial surfaces of #6, #11, #22 and # 27.

b) Patient has generalized pink-colored gingiva, but there is a small (around 2 mm) inflamed red band on the cervical lingual surface of posterior teeth of LLQ (# 17-21). In addition, there is a minor redness on the facial surface of #24-25. Generally, patient's interdental papilla fits snugly around the teeth, it is pointed and it fills interproximal spaces. However, patient has localized bulbous and rolled gingiva on the mandibular facial and lingual area of #22-27. The gingiva appears stippled on anteriors, but it lacks firmness and resilience in all the areas.

6. Oral Hygiene

a) The plaque score for the initial visit was 1.5 (fair). The biofilm was predominantly located on the cervical area of all patients' teeth and slightly inter-proximally.
After the initial visit, patient went on vacation for about 2 weeks. When patient came back, she admitted that recreation made her lazy and less compliant with her oral self-care and she felt bad and guilty for that. She said she wanted to do her best and to take a really good care of her teeth, but vacation made her less disciplined. As a result, the plaque score on the following visits did not change a lot and it did not show too much of improvement. It slightly decreased from 1.5 to be 1.3, and then, for the last visit it was 1.1 (Still fair). Patient said that she wanted her plaque score to be better and she will keep working on improvements, because she is really interested in better results.

b) Generalized subgingival and supragingival calculus were found on all surfaces of patient's mandibular anterior teeth #22-27. Localized subgingival calculus was found on the distal surfaces of posterior teeth #2, 15, 17. Localized supragingival calculus was observed on all interproximal surfaces of #7-10. Localized heavy stains were noticed on lingual side of mandibular anteriors #22-27 due to extensive coffee consumption.

c) Based on the findings, I first taught my patient modified Bass technique. Then, on the next visit, I reviewed with the patient previously taught tooth brushing method and I introduced flossing. As I noticed before, my patient was away on vacation for a while and that is why during that time her oral self-care was not as good as we wanted it to be. Then, when she was back both previously taught methods were reviewed and patient was advised to keep using them in order to master her skills and to improve the results.

7. Radiographs

a) Patient stated to have her last dental visit, dental cleaning and x-rays performed 6 years ago in 2012. Patient required x-rays for her partially erupted #17 and missing #32.
That is why, patient was recommended for 4 horizontal bitewings.
b) No radiographs were available during data collection
c) The radiographs were performed later, during the radiology lab session. Patient was exposed to four horizontal bitewings at 7ma, 65 Kvp. The vertical bone loss was observed on the mesial of #12. #32 appeared to be under the gum, it did not erupt, but it was not impacted and it did not affect any neighboring teeth.

8. Treatment management
a) *Visit 1:* On the initial visit, I completed patient assessment up to perio charting and I started calculus detection. First of all, I carefully reviewed my patient's medical and dental history and I took the vital signs. Then, the extra and intraoral exams were performed. After that, dental and perio charting were completed, calculus detection was started. Patient was interviewed about her oral self-care.
Visit 2: Patient medical and dental history were reviewed, no changes were stated or found. IO showed no significant findings. Calculus detection was completed and PI was performed. Patient was evaluated and confirmed to be Medium case value type I. Patient plaque score was 1.5. Patient was taught modified Bass tooth brushing technique. UR and LR quadrants were scaled and completed.
Visit 3: Patient medical and dental history were reviewed, no changes were noted. IO showed no significant findings. PI OHI. Previously taught modified Bass tooth brushing technique was reviewed, floss was introduced. Previously scaled area UR and LR were reevaluated for residual calculus since patient was away and could not be back in 2 weeks. LL and UL were scaled. LL and UL were checked by the faculty and the residual calculus was found on #20, 21 and 23.
Visit 4: Patient medical and dental history were reviewed, no changes were stated or found. IO showed no significant findings. Reviewed previously taught modified Bass tooth brushing and flossing techniques. Patient was advised to keep practicing and using both methods.
#20, 21 and 23 were rescaled. All the quadrants (UR, LR, UL, and LL) were rechecked. Engine polishing was performed with medium polishing paste that was recommended by the faculty because of the patient tenacious and heavy staining. 2.0% neutral sodium fluoride treatment was performed for 4 minutes. Patient was completed and she was recommended to come back for recare visit every 4 months.
b) Patient was very sensitive during probing, that is why Oraqix was applied for pain and discomfort management.

c) For home care, modified Bass technique with soft-bristles manual tooth brush and regular floss were introduced. Patient liked the new tooth brushing method. At first, she said it was hard sometimes to control the stroke and to angulate the brush in right way, because she got used to scrub-brush her teeth and to put a lot of pressure while brushing. But the more she was doing it, the more she liked it and she found it to be beneficial to her teeth and her gums.

Patient was surprised at how little pressure she needs to brush and how light the stroke she needs to apply. Patient said she has been brushing incorrectly for whole her life. Patient added that she did not like soft bristles brush at the beginning, because she felt like it did not clean enough and it did not perform a good job for her. However, I encouraged my patient to keep using it and I explained all the advantages of the soft bristles brush. In couple of weeks patient reported her gums looked better and healthier. The soft bristles did not cause any tissue injury or discomfort and patient was happy with the results.

In addition, patient started using floss more often and she reported that she found flossing less difficult and less traumatic after I showed her the right technique (C-shape, hugging tooth method).

d) Patient was not referred to DDS or MD for any reason.

e) I think my treatment plan was pretty well planned; I tried to do my best in patient education and motivation. I also felt that patient trusted me a lot and she felt comfortable during all the steps of treatment. However, I wish my skills were more advanced and I would finish my patient quicker.

9. Evaluation

a) For the most part, patient was very enthusiastic and keen to learn new things and she was open to all new recommendations and suggestions. She really liked modified Bass tooth brushing technique that I taught her. She said it feels unusual and very different from the horizontal method that she applied before. She found it beneficial and she emphasized that her teeth feel cleaner after that. She also started flossing more often and I was really proud of her, because she barely used floss before.

b) Patient seemed to be more and more interested in her oral health as the treatment progressed. Patient had heavy supragingival calculus on the mandibular anterior teeth surfaces that was bothering her a lot. First of all, it was visible to other people when she was talking or smiling. Secondarily, she said all time her tongue comes in contact with the teeth surfaces she can feel the roughness of the teeth and it makes her super annoyed. After I cleaned the half of the patient's dentition, I showed her the result. She was very excited to see how her teeth look without any deposits and she was amazed how smooth the teeth surfaces became. She also noticed that when I was removing the calculus from her teeth, it smelled very bad and unpleasant. After that, patient said she wished calculus would never form in her mouth again and she would try to do her best in order to prevent or slow down its formation.

c) I noticed some positive changes and progress in a patient's gingival tissue from initial visit to completion. Patient presented with generalized pink-colored gingiva. However, patient had an inflamed gingival tissue on mandibular posterior area of LLQ and bulbous, rolled gingiva on the mandibular facial and lingual area. The gingiva was not firm and not resilient.
After couple of treatments, signs of inflammation were reduced: the red band on the cervical area of posterior teeth of the LLQ diminished in size, the bulbousness of the gingiva of the anterior region significantly decreased, the gingiva became more firm and resilient in comparison with the previous visits.
d) No additional interventions were performed.

10. Reflection
a) I think I accomplished everything I planned for my patient. As I mentioned before, my patient reported to brush her teeth once a day, in the morning only. As a result, she formed a thick layer of supragingival calculus on her mandibular anterior teeth. I explained to my patient that is really important to take care of her teeth thoroughly and to brush them regularly twice a day in the evening and in the morning for about 2 minutes in order to disturb bacterias and to prevent their accumulation and uncontrolled growth.
I understand that no one can alter his habits and his life style in one day. If you got used to brush your teeth once a day for the past 20 years already, you cannot change your routine right away. Everything takes time to adjust and to get used to. However, after my detailed explanations were given to the patient, she seemed to be very interested and motivated in future improvements of her oral self-care and she promised me to do better. Patient seemed to understand the importance of daily biofilm removal and when I recently checked on her and I asked her how she is doing, she said she keeps following my instructions and she likes the results. She was very grateful for everything and she said she would be happy to come back again.
b) A positive feedback that I've received from my clinic instructors was that I did very well with my overall assessment, calculus detection and time management.
c) I feel like my clinical weakness was mostly my ergonomics, especially when I was probing. I tried to do not band a lot and to remain neutral as much as it was possible, however it was challenging sometimes. I felt like the lightening we have is not that good in general and it is really hard to see the probe measurements especially on the posteriors and 3rd molars area. I wish we were allowed to have loupes that would definitely make my work much easier and it would take away the super tension from my eyes. In addition to that, I had some difficulties to remove calculus from the distal surfaces of second and especially third molars.