NEW YORK CITY COLLEGE OF TECHNOLOGY
DEPARTMENT OF DENTAL HYGIENE

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JOURNAL 2

1. **DEMOGRAPHICS**
   Existing patient, female hispanic of 74 years old. F.D, Medium/Periodontal Type III.

2. **ASSESSMENT**
   Hypertensive patient, with Charcot Marie-Tooth Syndrome (CMT) and Glaucoma. CMT is a commonly inherited peripheral nerve disorder. It causes damage to the peripheral nerves, which carry signals from the brain and spinal cord to the muscles. It also causes muscle weakness and atrophy, and some loss of sensation in the feet, the lower legs, the hands and the forearms. It can present with stiffened joints due to abnormal tightening of muscles and associated tissues, and sometimes, curvature of the spine (scoliosis). Patient presents with noticeable muscle weakness and joint stiffness, especially on her hands and both legs, which difficult her walking. Patient was hospitalized on August 2016 due to a stomach hernia surgery. Patient states that 3 days after the procedure, she went to the ER because of chest pain. As per patient no infarction or other cardiovascular condition was diagnosed, but her hypertension medication was changed. BP 136/75 Pulse 66 (ASA II). Prescribed with 1 tablet every morning of Aspir-low 81mg QD for cardiovascular disease prevention, Diltiazem HCL ER 180mg QD for hypertension, and Atorvastatin 20mg QD for cholesterol. Also using 1 drop on each eye at night of Xalatan for Glaucoma. No other medical condition reported, no allergies to any medication. Patient did not remember last visit to her former dentist, however last dental hygiene service was rendered at the CityTech Dental Hygiene clinic on November 2015.

3. **ORAL PATHOLOGY**
   EO/IO findings within normal limits. No abnormal or pathological finding on the oral mucosa. Crepitation on left side TMJ, asymptomatic. Blood blister on right side mucosal lining of approximately 1mm, possibly caused by biting trauma. Moderate size nodular palatine torus. Multilobulated mandibular tori on left side.

4. **DENTITION**
   Permanent dentition. Patient is missing tooth #1,4, 7, 14, 16, 17, 18, 20, 30, and 32. She wears an resin upper partial denture. Canine Class I Angle's classification of occlusion on

right side, and Class II on the left side. Overjet 5mm; Overbite 50%. Generalized attrition. Localized abrasion on upper left posterior teeth. Clinically, detected decay on teeth #2M, 19D, and 29D. Defective composite restoration on tooth #19-O. Referral to see her former dentist was given to the patient to evaluate those areas. Other composite restorations, and PFM crowns on teeth #8,9, and 10 look intact. After caries risk assessment done, patient scored 18, being on high risk for caries. Patient was recommended to use fluoride toothpaste, and fluoride mouth rinse. Also, to decrease sugary beverages, and visit her dentist to evaluate and treat carious lesions.

5. **PERIODONTAL**

Generalized minimal papillary inflammation, minimal BOP. Localized moderate marginal inflammation on lower anterior teeth. Probing depths up 7mm. Generalized recession of approximately 2mm. Furcation type I on the buccal aspect of all molars; furcation type II on lingual aspect of mandibular molars. Attachment loss up to 9mm. Periodontal type III. Patient had Arestin placed on teeth #31MB, #31ML, and #12DB. Currently probing depths on those areas are 4mm on the lingual aspect. Because of her walking condition, patient did not wanted to commit to do Arestin once again. Several areas with 6mm reading, and #12ML with 7mm were recommended to evaluate for Arestin.

6. **ORAL HYGIENE**

Medium calculus deposit detected. Localized supragingival calculus on lower anterior teeth and generalized isolated subgingival calculus deposit on posterior teeth. No stain. No disclosing agent used, due to several existing porcelain and composite restoration. Patient demonstrated a weak grasp for toothbrushing technique. Recommended powered toothbrush, and explained its beneficial features with a simpler technique for her hands condition. However, introduced Bass toothbrushing technique, as patient currently has a manual toothbrush. At subsequent appointment, reevaluated and reinforced toothbrushing technique and incorporated proxy brush. Patient loved the proxy brush, as she admitted she tries to floss but her hands don't allow this task to be easy.

7. **RADIOGRAPHS**

Patient does not remember last time radiographs were exposed. We have no history of exposing any radiographs at the clinic. Medical form states that last radiographs were 4 films taken on 2015. Recommended 4BW's to evaluate suspicious areas of decay found on oral examination, in order to refer the patient to a general dentist. Horizontal digital BW's were exposed on second visit. Upon reviewing radiographs, findings confirm decay on 2M, and 29D. Suspicious lesion on tooth #19-O,D is not evident radiographically. Generalized bone loss. Radiographs did not reveal any other condition,

and confirmed periodontal status. A printed copy of the digital radiographs was given to the patient to take to her former dentist, along with the referral to evaluate teeth #2, 29 and 19 for caries.

8. OTHER FINDINGS

Patient is a non smoker and reported not to drink alcoholic beverages on a regular basis. Patient does not have dental insurance, but she claims that does not affect her availability to see her dentist to evaluate carious lesions. Her muscular atrophy/weakness is a condition interfering on maintaining her optimal oral health. Powered toothbrush was recommended, and proxy brush was successfully demonstrated and used by the patient. Patient should continue with dental restorations treatment with a dentist and follow up with oral hygiene at least every 3 months.

9. TREATMENT MANAGEMENT

VISIT 1

Assessments were completed on first visit. OHI: Patient reported to use Listerine Antiseptic as mouthrinse, I recommended to use the Total Care version because of its fluoride content, as she is in high risk for caries. Following collecting clinical findings, a proper treatment plan was prepared and discussed with the patient. Patient consent was obtained, and dental hygiene services started by scaling LL quadrant. A referral was given to patient to see a general dentist for caries evaluation on teeth #2M, 19D,O, and 29D.

VISIT 2

Reevaluated tissue on LL quadrant, scaled on previous visit. No inflammation or bleeding upon exploration. No residual calculus detected. Four horizontal digital bitewings radiographs were exposed, reviewed and discussed with the patient. A printed copy of the radiographs was given to the patient. OHI: Proxy brush was demonstrated and used by the patient. She expressed her comfort using it, as she could not hold a string of dental floss. Introduced Bass toothbrushing technique. Finally, UR,LR, and UL quadrants were scaled with ultrasonics and manual instruments. Polished with fine prophy paste, and applied 5% sodium fluoride varnish.

No social, or psychological factors impacted the dental treatment provided. However, motor dexterity on her hands might interfere with home care maintenance.

10. EVALUATION

VISIT 2

Patient had minimal inflammation to begin with, however no bleeding on exploring was

immediately noticed while evaluating LL quadrant. Gingival tissue looked pink, and tightly attached. No residual calculus found.

11. REFLECTION

I was able to accomplish all services planned for the patient within the time frame previously discussed with the patient. I think my weakness was the fact that I wanted to make my patient comfortable, but I was compromising my ergonomics. My faculty was able to show me techniques, so my patient was not too low on the chair, and I could adjust to her position correctly. I believe my strength was on oral hygiene instruction. Patient seem to be very happy with the tools that I recommended, and I felt very good knowing that probably she could improve her oral hygiene by using something so simple as the proxy brush, but that can do so much for her.