



 DEN 2300L
CASE
PRESENTATION



Dental Hygiene Student:
Roseanna Torres

Date: 12/10/18

Patient's Name: Y.H.

Age: 28 yrs. old

Gender: Male

Dental Care Access: Pt. reports not having an established dental home. When he travels to China, (which is where he is from) he visits the dentist, but that is around 1-2 times every two years.

Social History: Y.H. is a middle-class, Asian male who does not smoke or drink. He is currently in the Doctoral Program of Criminal Justice at The CUNY Graduate Center. He is not sure if he has dental insurance, so he does not visit the dentist regularly. He has multiple sexual partners, so he takes Truvada to prevent HIV infection. Y.H. is also very physically active and has participated in the NYC marathon three times.

Cultural Background: Y.H. is from China and he admits that he does not trust medical professionals here in the United States. He prefers to get regular physical and dental exams when he travels back to China to visit. He also reports that he did not have any oral hygiene education growing up and never placed much of an emphasis on taking care of his oral health.

Last Dental Visit: December 2017

Last Oral Hygiene Services: December 2017

Radiographic History: FMS December 2017 (unavailable)

Current Home Care: Y.H. currently alternates between using the Philips Sonicare electric toothbrush and a manual, medium-bristle toothbrush. He states that he does not like the electric toothbrush very much. Y.H. reports brushing two times per day. He does not floss, use oral rinses or a tongue scraper.



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PATENT PROFILE

CHIEF COMPLAINT



Y.H. participated in the free dental screening that was provided at The Wellness Festival at the CUNY Graduate Center last May. Since he does not visit a dentist regularly, he wanted to ensure that he did not have any cavities or signs of any oral disease.

When he was screened at the event, he also spoke to Professor Davide afterwards regarding advice on how to take care of his teeth at home.

Over the summer, myself, Professor Davide and two other clinic classmates developed a

research project that included contacting the dental screening participants. Y.H. came in to our clinic for a dental cleaning as a result of me contacting him to do so. He wanted to receive a dental cleaning and a full evaluation of his current oral health, but he has been hesitant to do so in the past because he does not trust medical or dental professionals in the United States. He is concerned about infection control practices, negligence and malpractice. Y.H. was also concerned about his bad breath.

Health History Overview

Blood Pressure & Pulse



BP: 126/83

P: 66

ASA Classification



ASA: II

Medical Conditions



Severe Stage Sleep Apnea

Current Medications



Truvada 200mg/day for the past year to reduce the risk of sexually acquired HIV-1

Dental

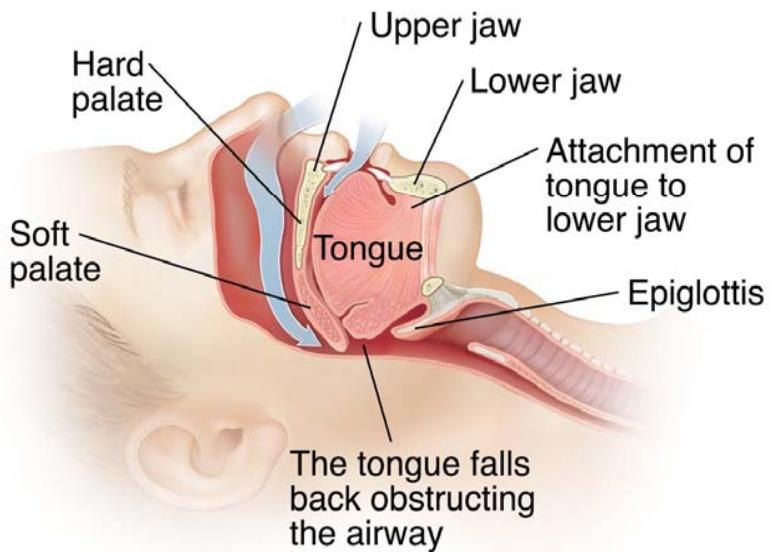


- Xerostomia
- Localized tooth sensitivity (posterior maxilla)
- Mouthbreathing

About Sleep Apnea

Obstructive Sleep Apnea

During sleep, gravity and muscle relaxation allows the tongue and surrounding soft tissues to fall back into the throat area, obstructing air flow.



According to the National Sleep Foundation, there are in excess of 18 million Americans who currently have obstructive sleep apnea (OSA). Typically, more men than women suffer from OSA. Apneas are usually caused by the collapse of the airway which causes either a cessation or a decrease in airflow for a period of at least 10 seconds. These episodes can interfere with sound sleep. They can also reduce the flow of oxygen to vital organs and cause irregular heart rhythms.

One of the most common ways that sleep apnea is diagnosed is through a sleep study. This usually means that the patient will stay overnight at a sleep center. The sleep study monitors several functions during sleep which include sleep state, eye movement, muscle activity, heart rate, respiratory effort, airflow and blood oxygen levels. This test is used both to diagnose sleep apnea and to determine its severity.

Y.H. was recently diagnosed (in October of 2018) with severe obstructive sleep apnea as a result of his sleep study. To treat his sleep apnea, it was recommended that he use a CPAP (Continuous Positive Airway Pressure) machine at a pressure of 8 cwp (centimeters of water pressure) to treat his sleep disordered breathing events.

In the case of Y.H., his sleep test results demonstrate that he experiences an airflow interruption more than 35.6 times per hour, with each interruption lasting anywhere between ten seconds and several minutes. Most people in good health can hold their breath for only approximately two minutes.

References:

- Sleep Apnea. (n.d.). Retrieved from <https://www.nhlbi.nih.gov/health-topics/sleep-apnea>
Sleep Apnea Information for Individuals. (2017, February 12). Retrieved from <https://www.sleepapnea.org/learn/sleep-apnea/>
Sleep Apnea - Overview & Facts. (n.d.). Retrieved from <http://sleepeducation.org/essentials-in-sleep/sleep-apnea/overview-facts>

Signs & Symptoms of Sleep Apnea



In general, the symptoms of sleep apnea are as follows:

- Chronic snoring (usually loud, habitual and bothersome to others)
- A choking sensation that arouses the person from their sleep
- Insomnia (restless sleep with frequent arousals and tossing and turning at night)
- Waking up tired and feeling as though you never slept
- Morning headaches
- Chronic dry or sore throat
- Daytime fatigue and tiredness
- Hypertension

Y.H. has the following symptoms that are associated with his sleep apnea:

- Mouth breathing (he reports always breathing through his mouth and never with his nose)
- Xerostomia
- Mouth-breathing gingivitis (localized red margins in Quadrant 1)
- Dry, chapped lips
- Chronic throat and chest congestion (with occasional pain on the left side of his chest)
- Chronic headaches
- "Brain-fog" (having the inability to concentrate, a groggy, chronic, tired feeling)
- Excessive thirst

Although not specified in his sleep test results, Y.H. does present with enlarged tonsils and adenoids, which I discovered during his intraoral exam. It is possible that he should undergo a tonsillectomy, but there are other causes of sleep apnea which include:

- Being overweight or obese (this is the biggest risk factor, with around 60-90% of patients that are diagnosed with apnea having a body mass index over 28).
- Nose or sinus problems (such as a deviated septum, nasal polyps, excessive congestion or enlarged turbinates)
- An enlarged tongue
- Neurological problems

References:

- Kornegay, E. C., & Brame, J. L. (2015, October 01). Obstructive Sleep Apnea and the Role of Dental Hygienists. Retrieved from <http://jdh.adha.org/content/89/5/286>
- Obstructive Sleep Apnea (OSA) Symptoms, Causes & Risk Factors. (n.d.). Retrieved from <https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/sleep-apnea/osa-symptoms-causes-risk.html>
- Sleep Apnea. (n.d.). Retrieved from <https://www.helpguide.org/articles/sleep/sleep-apnea.htm>

Suggested Treatment Options for OSA

The treatment of choice for Obstructive Sleep Apnea is a Continuous Positive Airway Pressure device (CPAP). A CPAP is a mask that fits over the nose and/or mouth and gently blows air into the airway to help keep it open during sleep. This method of treatment is highly effective. It is very important to use the CPAP as recommended by your doctor.

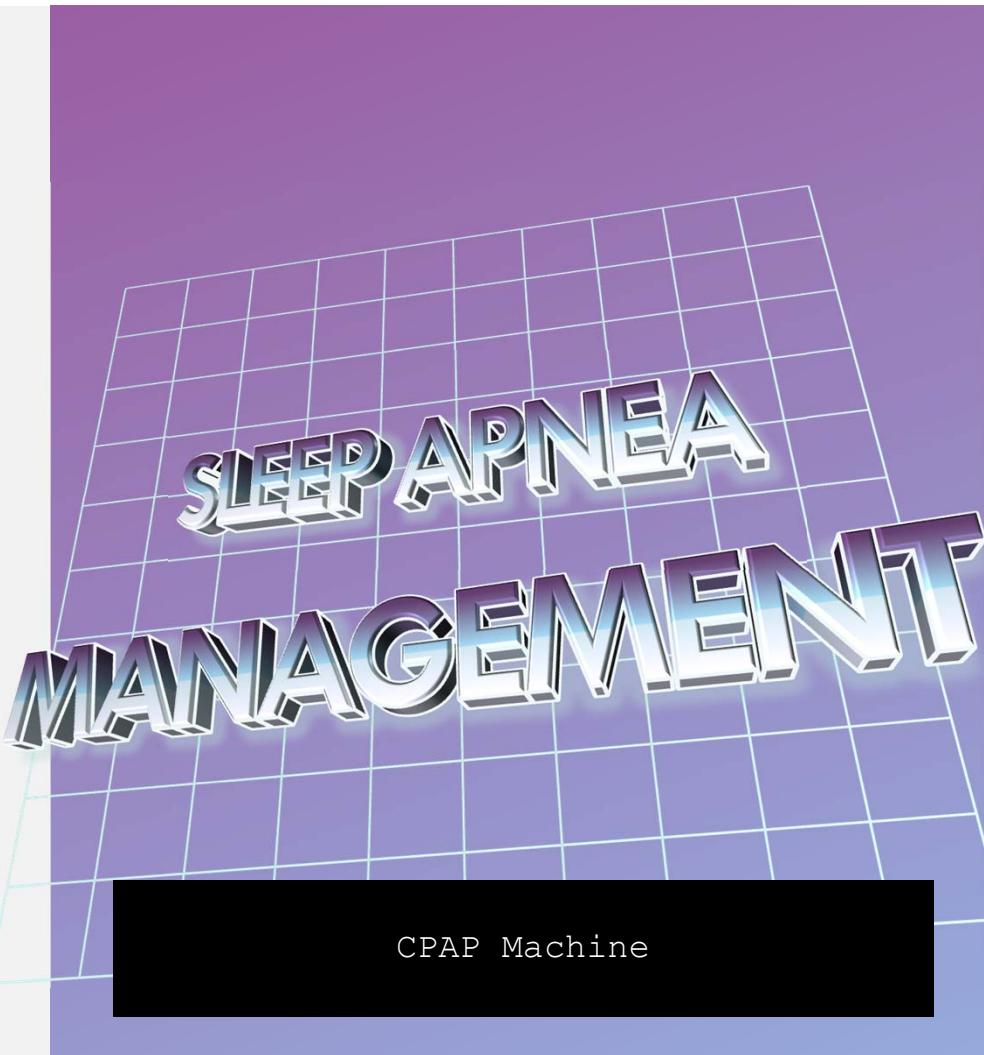
Other methods of treating sleep apnea include:

- Dental appliances (they reposition the lower jaw and tongue)
- Upper airway surgery (done to remove tissue in the airway)
- Nasal expiratory positive airway pressure (a disposable valve covers the nostrils)
- Hypoglossal nerve stimulation (a treatment consisting of an implanted stimulator in the patient's chest with leads connected to the hypoglossal nerve that controls tongue movement as well as to a breathing sensor. The sensor monitors breathing patterns during sleep and stimulates the hypoglossal nerve to move the tongue to maintain an open airway)

Patients can also reduce the severity of their sleep apnea by:

- Losing weight (this is the most important action that can be taken to cure sleep apnea - CPAP only treats it; weight loss can cure it in an overweight person).
- Avoiding alcohol (alcohol causes frequent nighttime awakenings and makes the upper airway breathing muscles relax)
- Quitting smoking (cigarette smoking worsens swelling in the upper airway, making apnea and snoring worse)
- Sleeping on your side instead of your back (some patients with mild sleep apnea or heavy snoring have fewer breathing problems when they are lying on their sides instead of their backs)

Y.H. is currently managing his sleep apnea by using his CPAP machine every night. However, he does not like using it, since he has a hard time sleeping with it on. He finds it cumbersome and annoying because of having to wear the mask all night.



References:

- How is Sleep Apnea Treated? (n.d.). Retrieved from <https://www.sleepfoundation.org/sleep-disorders-problems/sleep-apnea-treatment>
Brooks, R. (n.d.). 5 Alternative Sleep Apnea Treatment Options. Retrieved from <https://www.aastweb.org/blog/5-alternative-sleep-apnea-treatment-options>
Sleep Apnea Treatment Options. (2018, May 02). Retrieved from <https://www.sleepapnea.org/treat/sleep-apnea-treatment-options/>

As hygienists we should be looking for signs of possible airway obstructions during the intraoral exam such as:

- enlarged tonsils
- an enlarged tongue
- a collapsed soft palate
- a large uvula
- the inability to see our patient's airway when they say "ahhh"

When the patient opens wide and slightly protrudes their tongue, the amount of air space present should be determined based on the following grades:

- **Grade 1** = Tonsillar pillars, soft palate and uvula can be seen with at least 5mm between the tip of the uvula and the base of the tongue.
- **Grade 2** = Tonsillar pillars and soft palate are visible, but the tip of the uvula is obscured by the base of the tongue. Part of the free edge of the soft palate is still visible.
- **Grade 3** = Only the soft palate can be seen.

In addition, a thorough medical history should be obtained from the patient to determine if they have any breathing issues that could be associated with sleep apnea such as asthma, allergies, etc.

Another way to determine if a patient may have sleep apnea is by using The Epworth Sleepiness Scale (the following scale should be used for the patient to choose the most appropriate number for each situation). Situation examples consist of things like "while sitting and reading, while watching television, while being a passenger in a car, etc.)

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

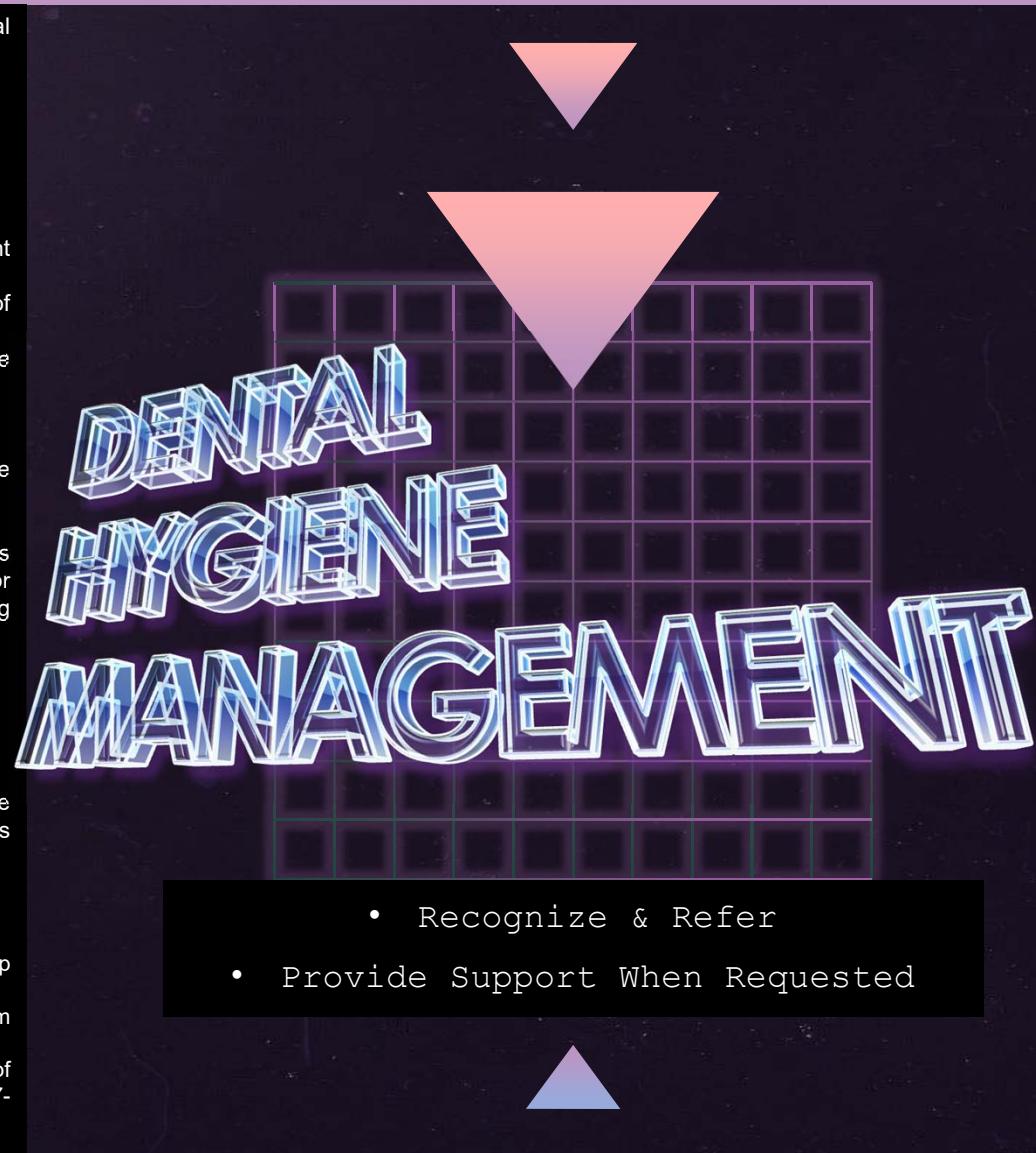
More than 80% of moderate or severe cases of OSA remain undiagnosed. The public health initiative for economical OSA screening in clinical settings is imperative. An ideal sleep apnea diagnosis should be made using a combined assessment of clinical features and objective sleep study data.

References:

Minichbauer, B. C., Sheats, R. D., Wilder, R. S., Phillips, C. L., & Essick, G. K. (2015, May 01). Sleep Medicine Content in Dental Hygiene Education. Retrieved from <http://www.jdentaled.org/content/79/5/484>

Dental Management Of Obstructive Sleep Apnea. (2017, March 25). Retrieved from <https://sciencebasedmedicine.org/dental-management-of-obstructive-sleep-apnea/>

Quan, S. F., & Schmidt-Nowara, W. (2017). The Role of Dentists in the Diagnosis and Treatment of Obstructive Sleep Apnea: Consensus and Controversy. Journal of Clinical Sleep Medicine, 13(10), 1117-1119. doi:10.5664/jcsm.6748



INTRAORAL PHOTOS



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Summary of Clinical Findings

Dental

Teeth #s 1,16,17 & 32 extracted

Deposits

- Light extrinsic staining on the lingual of teeth#s 23-26
- Localized supragingival calculus present interproximally on teeth#s 22-27
- Generalized moderate subgingival calculus present interproximally

EO/IO

EO: WNL - Patient exhibits dry, chapped lips

IO: Bilateral linea alba (patient reports cheek biting), geographic tongue that is white and coated, enlarged tonsils and adenoids, attrition present on teeth #23-26 and #8-9 (patient reports grinding his teeth at night).

Occlusion

Bilateral Class II

Overjet: 4mm

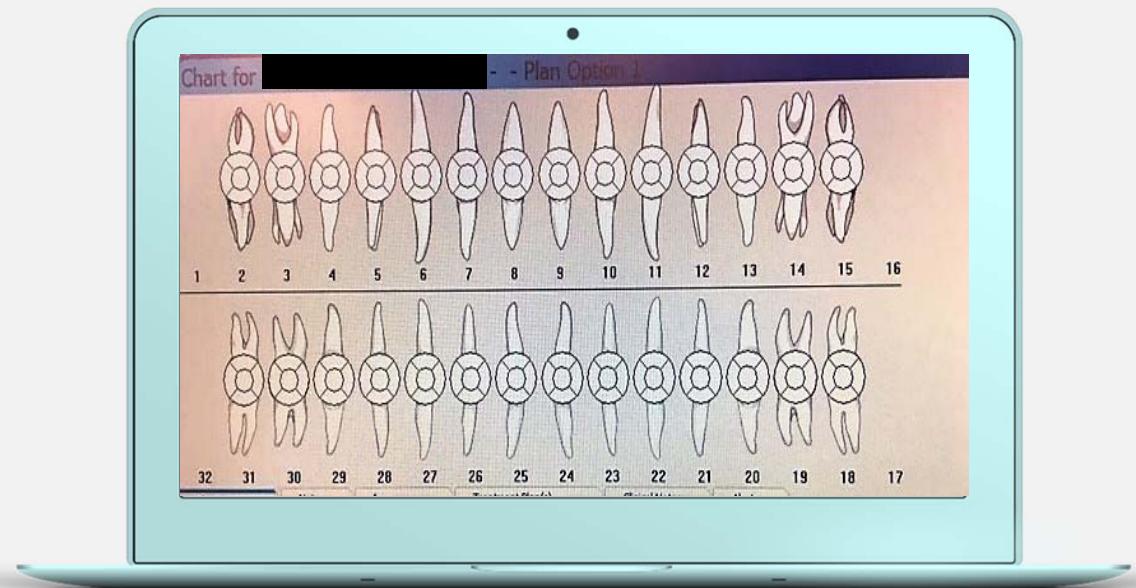
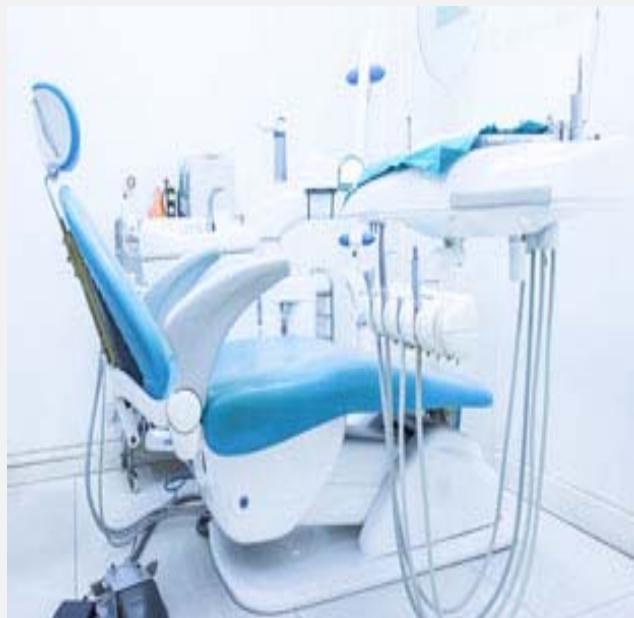
Overbite: 10%



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Dental Charting



Caries Risk Assessment

ADA American Dental Association®
America's leading advocate for oral health

Caries Risk Assessment Form (Age >6)

Patient Name:	Birth Date: 4-22-1990	Date: 10-12-18	
Age: 28	Initials: P.T.		
Contributing Conditions	Low Risk	Moderate Risk	High Risk
	<input checked="" type="checkbox"/> Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> No	
<input type="checkbox"/> Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	<input checked="" type="checkbox"/> Primary at mealtime	<input type="checkbox"/> Frequent or prolonged between meal exposures/day	
<input type="checkbox"/> Caries Experience of Mother, Caregiver and/or Siblings (for patients ages 6-14)	<input type="checkbox"/> No carious lesions in last 24 months	<input type="checkbox"/> Carious lesions in last 7-23 months	<input type="checkbox"/> Carious lesions in last 6 months
<input type="checkbox"/> Dental Home established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>
General Health Conditions			
Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (over age 14)	<input type="checkbox"/> Yes (ages 6-14)
	<input type="checkbox"/> Chemotherapy/Radiation Therapy	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Medications that Reduce Salivary Flow	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Drug/Alcohol Abuse	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Clinical Conditions			
Overall assessment of dental caries risk:	<input type="checkbox"/> No new carious lesions or restorations in last 36 months	<input type="checkbox"/> 1 or 2 new carious lesions or restorations in last 36 months	<input type="checkbox"/> 3 or more carious lesions or restorations in last 36 months
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Unusual Tooth Morphology that compromises oral hygiene	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Interproximal Restorations - 1 or more	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Exposed Root Surfaces Present	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Restoration with Overhangs and/or Open Margins, Open Contacts with Food Impaction	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Dental/Orthodontic Appliances (fixed or removable)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	Patient Instructions: - Xylitol mints; biotene mouthwash		

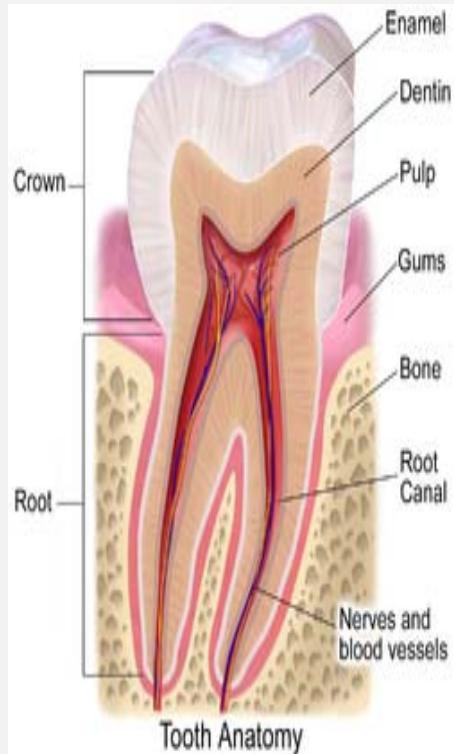
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No clinical or radiographic evidence of caries present. Patient has no history of caries and current radiographs are unavailable.

Gingival Description & Periodontal Status

Gingival Statement

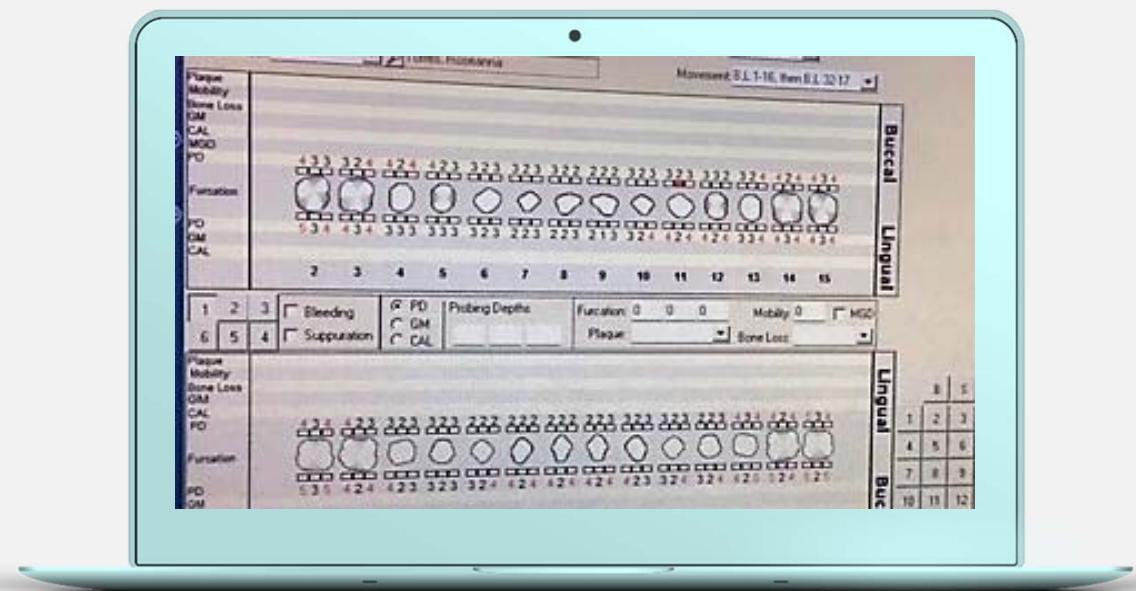
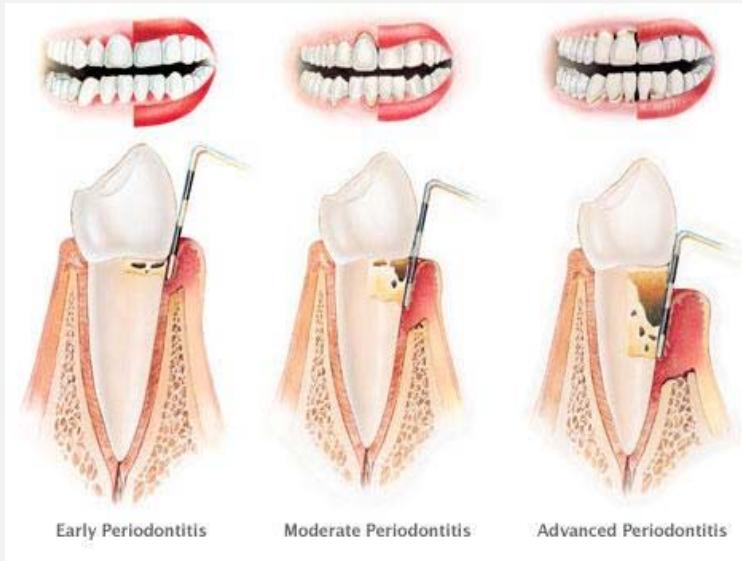
- Generalized pink, shiny, knife-edged interdental papilla on the maxilla
- Localized white margins on the posterior mandible
- Localized “mouth-breathing gingivitis” present in Quadrant 1 (localized red margins)
- Generalized blunted interdental papilla, bulbous and inflamed on the mandible



Periodontal Statement

- Generalized 1-3mm probing depths
- Localized BOP
- Localized 4-5mm pockets on posterior teeth of maxilla and mandible

Periodontal Charting



Dental Hygiene Diagnosis

Patient's Risk for Caries: Patient is at a high risk for caries because he exhibits multiple risk factors such as xerostomia, visible plaque, lack of oral hygiene education, mouth breathing, chronic throat and chest congestion, sleep apnea and does not have an established dental home.

Patient's Periodontal Status: Type I, localized Type II stable periodontitis due to patient's localized posterior 4-5mm probing depths, localized BOP and generalized 1-3mm probing depths.



Dental Hygiene Care Plan



Goal #1

Patient will use Xylitol melts and Biotene mouthwash 1X each per day to treat xerostomia.



Goal #2

Patient will report establishing a dental home by 4 month recare.



Goal #3

Patient will report using his CPAP machine every night to improve his sleep quality and will practice nasal breathing exercises.

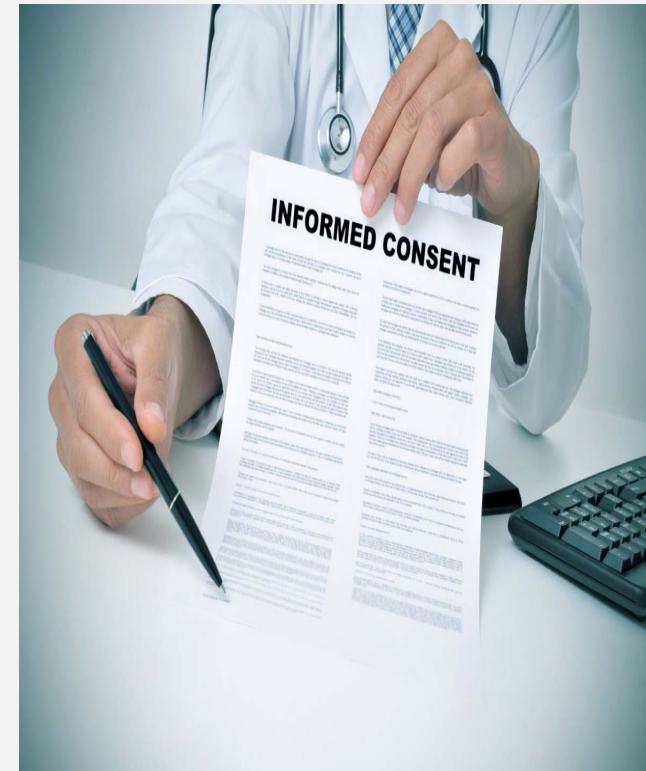
Consent for Treatment

PROPOSED TREATMENT PLAN - INFORMED CONSENT

Visit 1: <u>10-17-18</u> (Date)	Visit 2: _____ (Date)	Visit 3: _____ (Date)	Visit 4: _____ (Date)
Patient Education:	Patient Education:	Patient Education:	Patient Education:
<input type="checkbox"/> Interdental Aid	<input type="checkbox"/> Interdental Aid	<input type="checkbox"/> TB	<input type="checkbox"/> TB
<input type="checkbox"/> Toothpaste	<input type="checkbox"/> Toothpaste	<input type="checkbox"/> Interdental Aid	<input type="checkbox"/> Interdental Aid
<input type="checkbox"/> Rinse	<input type="checkbox"/> Rinse	<input type="checkbox"/> Toothpaste	<input type="checkbox"/> Toothpaste
Radiographs: <input type="checkbox"/> Digital <input type="checkbox"/> Film	Radiographs: <input type="checkbox"/> Digital <input type="checkbox"/> Film	<input type="checkbox"/> Rinse	<input type="checkbox"/> Rinse
<input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	<input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	<input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	<input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan
Debridement:	Debridement:	Debridement:	Debridement:
<input type="checkbox"/> Quadrant _____ Whole Mouth			
Pain Management:	Pain Management:	Pain Management:	Pain Management:
<input type="checkbox"/> Oraxix	<input type="checkbox"/> Oraxix	<input type="checkbox"/> Oraxix	<input type="checkbox"/> Oraxix
<input type="checkbox"/> Local Anes.			
Coronal Polish:	Coronal Polish:	Coronal Polish:	Coronal Polish:
<input type="checkbox"/> Agent	<input type="checkbox"/> Agent	<input type="checkbox"/> Agent	<input type="checkbox"/> Agent
<input type="checkbox"/> Air Polisher Agent			
Other:	Other:	Other:	Other:
<input type="checkbox"/> Topical Fluoride: _____			
<input type="checkbox"/> Arrestin: _____			
<input type="checkbox"/> Sealants: _____			
<input type="checkbox"/> Impressions: _____			

The findings of my assessments were explained to me and I authorize my student dental hygienist to perform the procedures delineated in the treatment recommendations above and I understand that modifications to care and photographs may be required based on my individual needs. A thorough discussions with my student hygienist and/or clinical faculty supervisor, the nature, purpose timing and cost of these procedures, available treatment alternatives, and the advantages and disadvantages of each, including no treatment was discussed. I understand that additional treatment and/or referrals may be deemed appropriate in order to treat my oral condition. I understand that the dental hygiene clinic has the right to discontinue treatment and deny appointment scheduling after (2) missed appointments within the academic semester. In this event, I will be provided with a list of regional hospitals/clinics for continuation of care. I have read and understand the above statement and all my questions concerning my treatment have been satisfactorily answered.

Yeshellah J. O. R. 10/2/18
 Student Clinician Attending Faculty Date
 Form to be scanned in patient record and dispensed to patient



Implementation - Treatment

Oral Hygiene Homecare Instructions: After rinsing with "Trace" solution, the patient was able to see the areas of his teeth and gingiva that were retaining plaque and where he should direct more attention during brushing and flossing. Because the patient doesn't really like his current electric toothbrush, I demonstrated using the Oral-B Genius electric toothbrush on my typodont. Because of the rounded brush head, it is easier for the patient to access the posterior teeth as well as to flare the bristles interproximally. The patient was also recommended to use waxed floss 1X per day, Biotene mouthwash 2X per day, Xylitol Melts 1X per day and Crest Gum Detoxify toothpaste (because of the stannous fluoride content).

Prophylaxis Completed: Whole mouth debridement was completed on the patient via ultrasonic and hand scaling instruments. I used the tip of the ultrasonic to remove the extrinsic staining (patient frequently drinks tea) present on the lingual surfaces of teeth#s 23-26. I polished the patient's teeth via engine polish and used fine-grit paste. I applied a 5% fluoride varnish as a final step to help with enamel remineralization and lessen tooth sensitivity.

Correcting Breathing Habits: The first step in correcting mouth breathing is to recognize it. Because Y.H. always breathes through his mouth, it is going to take some practice to change this bad habit. By being conscious of his mouth breathing, (for example, I told him that when he is in school, listening intently, to check himself to see if he has his mouth open) he can start to practice breathing through his nose. It is very probable that this will be difficult for him to do since he has an airway obstruction, but can be helpful to try until he decides whether or not to undergo a tonsillectomy and/or to seek further treatment here in the U.S. I showed Y.H. some simple breathing exercises that are used in myofunctional therapy treatment to correct mouth breathing. These are the exercises that I taught him:

- Wet Gauze: Wet a piece of gauze with cold water, squeeze it out and inhale several times through the gauze keeping the mouth closed. The facial muscles strengthen from the forced inspiration and it also helps the mucosal membrane. Repeat 10 times.
- Bunny: Keeping the mouth closed, inhale like a bunny, "sniffing" then relax the muscles and exhale which makes the nostrils open. Repeat 10 times.
- The Pencil: to strengthen the lips, hold a pencil between the upper lip & nose so that it doesn't fall down. Try tilting your head down, still holding the pencil. Practice 2-3X per day.

Improving Sleep Quality: After discussing the patient's recent diagnosis of severe stage obstructive sleep apnea, I stressed the importance of his regular use of the CPAP machine (even though he finds it uncomfortable) to help him achieve a better night's sleep. At the follow-up visit, the patient showed me that he recently downloaded an app that helps to monitor his sleep patterns. With the regular use of his CPAP machine, (according to the app) his sleep quality level is now around 70%. The patient also plans on visiting a different sleep physician to get another sleep test evaluation.

Prognosis

Goal Statement	Prognosis
Patient will use Xylitol melts and Biotene mouthwash 1X each per day to treat xerostomia.	Goal to use Xylitol melts and Biotene mouthwash 1X per day will be partially met. Giving the patient two products to purchase and try at the same time seemed to overwhelm him a little bit. He seemed to be more interested in using the Xylitol melts.
Patient will report establishing a dental home by 4 month recare.	Goal to establish a regular dental home by next recare in 4 months will not be met. The patient does not trust medical professionals in the U.S. and stated that he will visit a dentist when he travels back to China this summer. However, the patient seemed to have a very positive experience visiting NYCCT's Dental Hygiene Clinic, so he may return for oral hygiene services in the future.
Patient will report using his CPAP machine every night to improve his sleep quality and will practice nasal breathing exercises.	Goal will be partially met because although the patient is very motivated to correct his mouth breathing and improve his sleep quality, he is very uncomfortable using the CPAP machine every night. The patient is more likely to practice the breathing exercises that I taught him.

Continued Care Recommendations

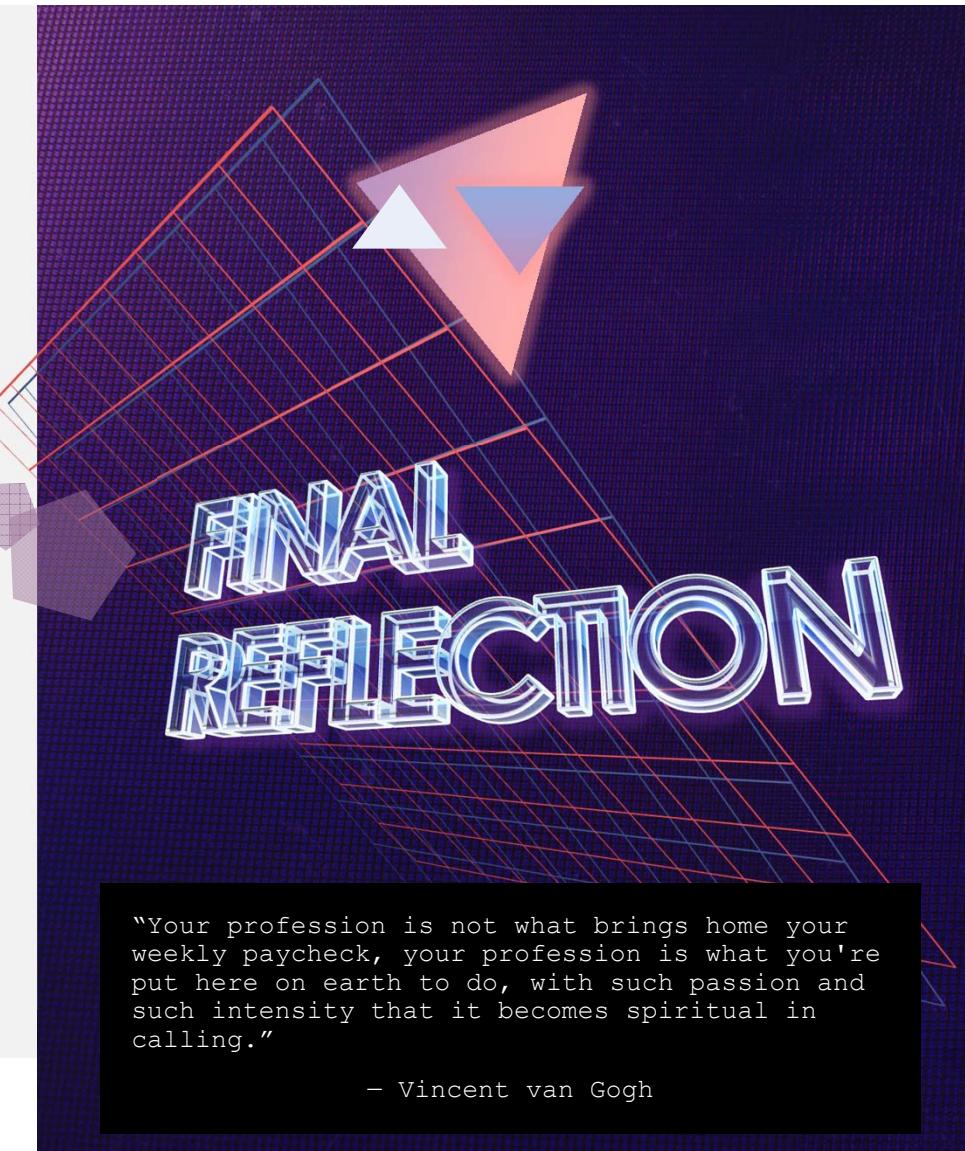
Y.H. was advised to return to receive oral hygiene services in 4 months. This was recommended so that the deeper pocket areas can be accessed and the bacteria disrupted. This will prevent the bacteria from multiplying and pocket depths from increasing. Because Y.H. is a mouth-breather, he is at a higher risk for caries and gingivitis. Therefore, more frequent dental cleanings will benefit his overall oral health and will serve as prevention therapy.



I learned a lot from this patient experience. Because I have previously done research about sleep apnea, mouth breathing and myofunctional therapy, I was able to recognize the signs and symptoms in this patient even before performing the intraoral exam. I think that I educated the patient appropriately regarding the ways in which he could improve his breathing and sleeping habits. However, I was somewhat frustrated because I am not able to treat his sleep apnea or diagnose what is causing it. The fact that this patient was not told what is causing his sleep apnea from the sleep physician that he visited raises further questions regarding the treatment that he should seek. This patient is so young and physically healthy yet he has been diagnosed with a serious sleep breathing disorder and the best treatment for him is a cumbersome, uncomfortable, noisy machine. Y.H. would benefit from corrective therapy instead of just "managing" his sleep apnea with a CPAP. I am curious to find out if he does go for another diagnosis from a different doctor. The fact that no medical or dental professional has previously advised him of his enlarged tonsils and adenoids is also frustrating. Informing the patient that there is a condition present that is contributing negatively to his or her health is imperative.

Regarding oral home care instructions, I may have overwhelmed the patient by recommending a different brand and type of electronic toothbrush, especially since he already owns the Philips Sonicare. I should have reinforced and taught him how to use the one that he currently has instead of introducing something new that he is unfamiliar with.

I am very grateful that this patient had a positive experience in our clinic, especially since he typically does not trust dental and medical professionals in the U.S. Because he is part of our dental hygiene department's research project to bring more awareness to our clinic, I am very glad that he completed his treatment and I am fairly confident that he will return for a recare visit in the Spring.



"Your profession is not what brings home your weekly paycheck, your profession is what you're put here on earth to do, with such passion and such intensity that it becomes spiritual in calling."

- Vincent van Gogh

