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Toothbrushing and flossing.

After watching some videos and reading some essays, I have learnt that gingivitis is a disease that may affect 75% of population in America. But this can be easily managed, prevented, and treated. It is important to address this disease if it is reversible, otherwise it could get to a point when it is called periodontitis. When it comes to the point that the gum disease is irreversible, such as periodontitis, it still needs to be addressed to try to stop the progression of the disease. Stress, smoking/tobacco use, poor oral hygiene, not fully removing plaque, stress, hormonal changes, poor nutrition, medications, and chronic diseases are some of the factors that can affect and produce gingivitis.

For effective gingivitis home treatment, it is important to use anti gingivitis toothpaste, and soft toothbrush, floss daily and rinse with anti-gingivitis mouthwash, also it is recommended stopping smoking if needed, be aware of a good nutrition and recommend the proper toothbrush technique. It is recommended that patients make sure they are using the proper brush technique according to their condition. Make sure the patient is following the

right procedure, such as the position of the brush and using the right strokes. And it is suggested a power toothbrush when necessary. And remind them they must brush the occlusal surfaces as well.

A useful tip is to have two toothbrushes at home so they can be rotated to ensure they dry thoroughly between brushings. Replace their toothbrush every 2-3 months or before if the filaments become splayed or frayed or lose resiliency. Also, very important, clean the toothbrush thoroughly after each use. Rinse the brush head with tap water until completely clean of visible debris, dentifrice, and bacteria from between filaments. And always allow to dry thoroughly.

Brushes need to be kept in open air with the head in an upright position, apart from contact with other brushes, particularly those of another person to avoid cross contamination. Do not store in closed containers. If a portable brush container is used, try to dry the toothbrush prior to putting it in the container. A closed container encourages bacterial growth. There is no ideal timeframe for toothbrush replacement, but a general recommendation is at least every 2-3 months. Brushed need to be replaced before filaments become splayed or frayed or lose resiliency. The point at which a toothbrush needs replacement is influenced by many factors, including frequency and method of use.

The main difference between manual toothbrushes and electric toothbrushes is evident, electric toothbrushes is power assisted while manual

is not. Electric brushes move at speeds and motions that cannot be duplicated by manual brushes. There is moderate evidence that power toothbrushes result in a 10%-20% reduction in plaque and about 10% reduction in gingivitis when compared to manual toothbrushes. Rotating oscillating action power toothbrushes have been shown to be most effective than side-to-side power brushes for reducing plaque and gingivitis. Power toothbrushes, as compared to their manual counterparts, do not damage gingival tissues as much; they may be less damaging because they have mechanisms to alert the patient when they apply excessive force.

Both, manual and electric toothbrushes have their own advantages and disadvantages, the pros of electric toothbrushes are that they are easy to use, according to studies, electric toothbrushes remove more plaque than manual brushes, which is a big advantage. Also, it is good for orthodontic patients that have braces to maintain their teeth cleaner, as it was mentioned before, it also have some cons, electric toothbrushes are more expensive and are more likely to break than manual toothbrushes. On the other hand, manual toothbrushes are more affordable and accessible, are more manageable and if the right technique is used it can do a great work. The disadvantage of the manual toothbrushes is that it can cause a little bit more work, also be mindful while using manual toothbrushes because too much force can cause damage.

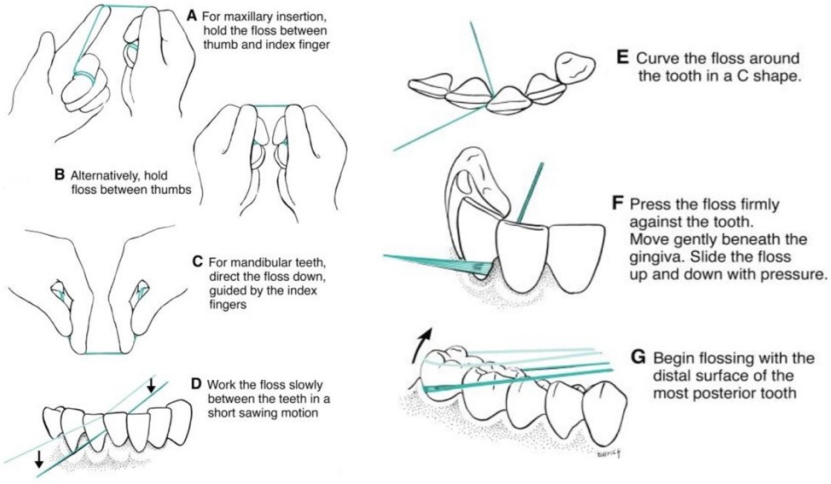
For electric toothbrushes technique, hold the brush at a 45-degree angle against your gumline, where the gums and teeth meet. Then, gently, and

lightly pull the brush along the gum line, allowing the vibrations to clean the area thoroughly. There’s no need to vigorously brush back and forth as you would with a manual toothbrush. Use a pea-sized amount of toothpaste. Don’t turn the brush on until it’s inside your mouth, otherwise, you could shoot that pea-sized dab of toothpaste across the bathroom.

Toothbrushing may not be enough, for a complete home care of teeth, floss is very important. Floss was invented by Dr. Levi Spear Parmly in the 19th Century, but it was not a widely used product until 1815, when Dr. Parmly, a dentist from New Orleans, invented a thin, waxen, silk, thread to help hips patient clean between their teeth. Toothbrushing alone cannot accomplish biofilm removal from proximal tooth surfaces and adjacent gingiva to the same degree that it does for the facial, lingual, and palatal aspects. Therefore, interdental biofilm control is essential to complete the patient’s oral self- care program.

There are two different flossing methods, the spool method, and the loop method. The spool method is the most common one. For maxillary insertion, hold the floss between the thumb and index finger. Grasp the floss firmly. Allow only 1/2- inch length between fingers. For the mandibular teeth, direct the floss down, guided by the index fingers. Curve the floss around the tooth in a C-shape and slowly move the floss back and forth in short motions to avoid snapping through the contact area. Curve the floss around the tooth in a C-shape. Hold the floss toward the mesial for cleaning the distal surfaces

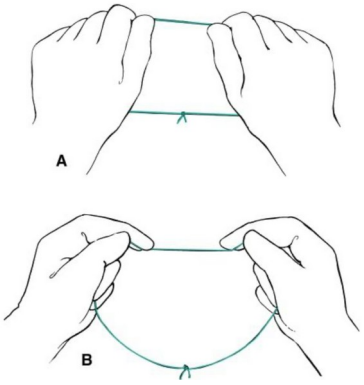
and toward the distal for cleaning the mesial surfaces. Press the floss firmly against the tooth. Move gently beneath the gingiva until tissue resistance is felt. The floss is moved in an up-and-down motion putting pressure against the tooth surface to disturb the biofilm. Begin flossing with the distal surface of the most posterior tooth and work systematically around the arch



Spool method

The other method is called, loop method. The ends of the floss can be tied together for convenient holding. A child may be able to manage floss better with this technique. For maxillary teeth: Direct the floss upward by holding the floss over two thumbs or a thumb and an index finger. Rest a side of a finger on the teeth of the opposite side of the maxillary arch to provide balance and a fulcrum. Mandibular teeth: Direct the floss down by holding the two index fingers on top of the strand. One index finger holds the floss on the lingual aspect and the other on the facial aspect. The side of the finger on the

lingual side is held on the teeth of the opposite side of the mouth to fulcrum or rest.



Loop method

If a teenager patient who has orthodontic appliances just brush once a day and never flossed before getting braces it is recommended to explain him the proper way to do it, not judging the way he is doing it because he probably does not know the right way to do it. I would explain that now he has orthodontics appliances and there is a higher chance for food to get caught in between his teeth and that can cause some problems in the future, I would tell him that he is fixing his teeth by align them but he is creating another problem that can be gum disease, I would show him videos and pictures of gingivitis and then videos of how is the right way he has to brush his teeth with the charter's method.

On the other hand, for an adult patient with a localized gingival recession on the buccal surfaces of all posterior teeth, that uses a medium toothbrush bristle his entire life, and only flosses when food gets stuck in between is

recommended to tell him why this is happening by telling him that people tend to start brushing their teeth by the buccal surfaces of all posterior teeth and usually it starts with more force and it can cause recession and hence, sensitivity. I would show him with a mirror the damage he is doing to himself and then I would recommend him a soft toothbrush and if he can get an electric toothbrush that stops when he is brushing too hard, that would be a great idea. Also, another recommendation for the sensitivity he may feel is that try to use a sensitivity toothpaste and avoid toothpaste with whitening because that can cause more sensitivity. Then I will show him the proper way how to floss and explain that the toothbrush alone is not enough, that he must clean in between his teeth with the floss to avoid gingivitis.

After finishing this essay, it is relevant what me, as a future dental hygienist have learnt, such as the statistics of gingivitis, also doing my own research of orthodontic patients in relation to brushing/flossing, I have learnt that it is very important a good explanation to them on how to take care properly of their teeth and gums. This was a beneficial assignment because I got to learn so many new facts that I would use to communicate and educate my future patients and my own relatives, probably I know many people that may have not used a toothbrush properly or they do not even floss, but I do not feel comfortable yet asking them the right way they are doing it because until I got in the dental hygiene program I did not know the proper way and I did not have a solid base to explain the right way, now I would feel more comfortable explain and asking them in a nice and gentle way and also I feel

more confident about explaining them all about plaque calculus and using toothbrush and flossing methods.

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Plaque Index

Patient Name: You are the patient and student clinician ☺ **At-home activity. Supplies need:** disclosing solution, good light, and a mirror.

1. **Select one quadrant in your mouth, avoid toothbrushing (TB) and flossing. Why?** To become familiar with using disclosing solution and experience what it is like having a Plaque Index (PI) conducted on yourself and re-assessing your PI score weekly in effort to see if there is any progress or not. This is a 3-4-week process so consider beginning this week. This is an educational tool for patient care and both the visible biofilm and numerical score are objective assessment tools to help motivate patients to improve their oral self-care (aka homecare).
2. Using your Wilkins textbook, please read about the different types of TB and flossing methods.
3. Refer to the *Course Schedule* for April 5th and be prepared with TB techniques/methods on a flipchart or index cards; be creative. The same for floss methods and different types of flosses available and purpose. Visual aids are helpful for patient education.
4. Using the PI Exercise worksheet (modified for this activity), please follow the procedure.

Plaque Index: OHI-S: Simplified Oral Hygiene Index (Greene & Vermillion)

Purpose: To assess oral cleanliness by estimating the tooth surface covered with debris.
Definition: Oral debris is the soft foreign matter on the surface of the teeth consists of dental biofilm, material alba and food debris.
Note: If the permanent first molars are missing use the second molars; if the central incisors are missing use the lateral incisor. If porcelain laminates (veneers) are present, use the lingual surface. Avoid facial composites, by using a cotton tip applicator to paint on teeth, avoiding the buccal/facial composites.

Debris Score and Criteria
0 = No soft debris or stain present
1 = Stainable soft material covering up to one-third of the tooth surface
2 = Stainable soft material covering half of the tooth surface
3 = Stainable soft debris covering more than three-quarters of the tooth surface

Procedure:
1) Open disclosing solution and place several drops (12+) into patient cup.
2) Instruct the patient to swish around mouth and using their tongue to help.
3) Have patient rinse with water and expectorate to remove excess solution. ~~Have cuspidor water running as patient is expectorating.~~
4) Examine the specified tooth surface of the clinical crown for the amount of plaque present & record the score of 0-3 in the appropriate space provided.
5) Add the individual scores together & divide by the number of teeth examined (6) to obtain the **TOTAL PLAQUE SCORE.**
6) After obtaining & recording the P.I., assess the patient's oral self-care and record comments.

Score Results
0 = Excellent
0.1-0.6 = Good
0.7-1.8 = Fair
1.9-3.0 = Poor

Visit 1 **DATE:** 11/19/21

3B 1 8F 0 14B 0 19L 1 24L 1 30L 1 Total: 4 ÷ 6 = 0.6
Score 0.6 Good.

Materia Alba present: Yes (No) **Food debris present:** Yes (No)

Describe where biofilm is located? Generalized/localized/anterior/posterior, buccal/lingual, Interproximals:
Biofilm located generalized, mainly on lingual surfaces. Slight.

SD 2021

Plaque Index

Visit 1 Observations: Look carefully and see where the most biofilm is and determine which aid to select based on where the visible biofilm is predominantly found/located. For example: at gingival margins/cervical ⅓rd – if yes, then TB is indicated. The most recommended TB method is the Modified Bass. Do not forget occlusal TB and sequence to ensure that all surfaces are covered. Also, dorsal surface of tongue TB.

Circle one: (Manual TB) Floss

Select type of TB technique: Modified Bass Rationale for selecting: To remove the biofilm present at cervical 1/3rd.

Select type of Floss: Waxed Floss Rationale for selecting: Patient is currently using it and it shows good results

Visit 2 **DATE:** 11/26/21

3B 2 8F 1 14B 0

19L 1 24L 1 30L 2

Total: 7 ÷ 6 = **Score** 1.16

Improvement from Visit 1? Yes (No)

Is method being used by patient? Yes (No)

Visit 2 Observations: Look carefully and see if there is any noticeable difference since visit 1 and document. Biofilm amount, location, any gingival assessment observations – localized/generalized. Use gingival assessment terminology.

Have biofilm present on gingival 1 and 2. It is generalized up to the middle third of the teeth. Materia alba and food debris present

Score Results
0 = Excellent
0.1-0.6 = Good
0.7-1.8 = Fair
1.9-3.0 = Poor

Improvements observed or not? Explain: Score: Fair. Not Brushing and flossing for a week shows more biofilm and a clearly difference between right and left side of the mouth, whereas the left side is being flossed and brushed properly.

SD 2021

Plaque Index

Visit 3 DATE: 12/03/21

3B 2 8F 2 14B 0

19L 1 24L 1 30L 2

Total: 8 ÷6 = Score 1.33

Improvement from Visit 2? Yes (No)

Is method being used by patient? Yes (No)

Score Results
0 = Excellent
0.1-0.6 = Good
0.7-1.8 = Fair
1.9-3.0 = Poor

Visit 3 Observations: Look carefully and see if there is any noticeable difference since visit 1 and document. Biofilm amount, location, any gingival assessment observations – localized/generalized. Use gingival assessment terminology.

After two weeks of not brushing my right side of my mouth(quadrant 1 and 4) more biofilm is present, mainly, on the lingual surfaces and generalize on the whole 1 and 4 quadrant.

Improvements observed or not? Explain: Some score as visit 2 but with more biofilm and more materia alba present on the teeth.

Visit 4 DATE: _____

3B ____ 8F ____ 14B ____

19L ____ 24L ____ 30L ____

Total: _____ ÷6 = Score _____

Improvement from Visit 2? Yes No

Is method being used by patient? Yes No

Score Results
0 = Excellent
0.1-0.6 = Good
0.7-1.8 = Fair
1.9-3.0 = Poor

Visit 4 Observations: Look carefully and see if there is any noticeable difference since visit 1 and document. Biofilm amount, location, any gingival assessment observations – localized/generalized. Use gingival assessment terminology.

Improvements observed or not? Explain: