Sue Yi Ni (Susan)
DEN 1200 - D216
Mon PM/Wed AM, Cubicle #8
Journal 1

1. **DEMOGRAPHICS**
    a. *Identify the patient by: First and Last Initials of their name only, age, case/type*
    P.X., 20 years old, Heavy/Type I
2. **ASSESSMENT**
    a. *Patient History, Vital signs, ASA*
    The patient is an ASA 1 with a blood pressure of 112/64mmHg and a pulse of 68bpm. He does not take any medication or has any allergies. He is not a smoker, drug user or social drinker. There is no systemic diseases reported by the patient. His last medical exam was on February of 2019. His previous dental visit was on July of 2018 for a dental exam and cleaning. Radiographs were taken on the same day: 4 bitewings and 5 anterior periapicals. The patient reported using a medium head manual toothbrush (2-3 times a day), listerine (1-2 times a day) and floss (once a day).
    b. *Include smoking history (amount and duration)*
    The patient is a non-smoker.
    c. *List any premedication needed*
    The patient does not need to take any premedication.
    d. *Identify any systemic conditions present*
    The patient does not have any systemic diseases.
    e. *List all prescription medicine and any over the counter (OTC) medication.*
    The patient is not taking any medication.

3. **ORAL PATHOLOGY (Extra and intraoral findings)**
    a. *Describe any abnormal findings of the head and neck exam. If lesion(s) present, describe by using the ABCD-T method.*
    There were no significant findings extraorally and intraorally; everything was within normal limits. There was a white linear scar on his left forehead due to a fall 10 years ago and localized blemish scarring on the upper lip. Intraorally, the uvula deviates to the right and bilateral tonsil crypts were present, more prominent on the right side. Additionally the middle left portion of the tongue is comparably denser. On revisits, a pustule (pimple) appeared on the upper left lip, unilateral vascularized tuberosity on the lower left near tooth #15, and an aphthous ulcer appeared on the alveolar mucosa near tooth #31.

4. **DENTITION**
    a. *Provide basic information; Angles classification, overbite, overjet.*
    The patient has a 4mm overjet, 30% overbite and Class I occlusion on the right side but Class I occlusion tendency towards III on the left side. The midline of the teeth are slightly off-centered and slight incisal mamelones are still present. Tooth #1 and 17 are partially erupted, while tooth #16 and 32 are clinically missing.
    b. *Describe any tooth anomalies.*
    There are no tooth anomalies present. The patient did not have abrasion, abfraction, attrition or erosion.
    c. *Describe if caries active, and general location of caries.*
    There are no active caries; the patient has a low risk for caries. Additionally, restorations were not present.
5. **PERIODONTAL**
    a. *Describe periodontal findings; case type, probing depths, recession, bleeding upon probing (BUP)*
    The patient was classified as type I gingivitis with moderate bleeding upon probing, moderate inflammation, generalized 1-3 probing depths and localized 4-5mm pockets on the lower molars. The patient does not have recession.
    b. *Provide a gingival statement assessing the presence of inflammation*
    The gingiva had generalized slight marginal inflammation and moderate papillae inflammation. The gingiva was generalized pink and localized marginal redness, fitted snugly around the tooth, rolled, firm and resilient, stippled but there was bleeding upon probing.
6. **ORAL HYGIENE**
    a. *State initial and revisit plaque scores*
    The initial plaque score was 0.67 (good) and remained there for the next two visits. On the last revisit the plaque score decreased to 0.5 (good).
    b. *Identify areas of calculus found.*
    There was generalized subgingival calculus but localized supragingival calculus on the lingual surfaces of the mandibular anteriors.
    c. *State planned oral hygiene interventions based on findings.*
    Generally, my patient has a good oral hygiene care. His plaque index score remained in the good portion for all visits. However, there was slightly visible plaque on the gingival margin and interproximal areas. Therefore, my planned oral hygiene intervention was to teach him the modified Bass toothbrushing technique and the correct method for flossing. Additionally, the modified Bass method is a great technique to clean subgingivally particularly in his localized pockets.
7. **RADIOGRAPHS**

a. *Does the patient require radiographs? If yes, what type?*
   Yes, a panoramic was recommended since he has partially erupted third molars and others that were unable to be observed clinically.
b. *If radiographs were available during data collection, did they support findings?*
   Radiographs were not available during data collection.
c. *Did they reveal any condition not evident on the clinical exam?*
   Radiographs were not employed.

8. TREATMENT MANAGEMENT-Utilizing the Patient concept map

a. *State your proposed treatment plan and then elaborate on each visit; including clinical treatment provided as well as preventative services.*
   The proposed treatment plan included teaching the patient homecare, complete debridement and engine polishing. During the patient's initial visit, medical history was reviewed, extraoral and intraoral examination was completed, dental charting was completed and periodontal assessment was started. On the second visit, periodontal charting and calculus detection was completed. The patient's case value was then confirmed as a heavy/type I. I was also able to take my calculus competency on this visit. After using the disclosing solution resulting in the plaque index of 0.67, I introduced the patient to the modified Bass method. During the patient's third visit, the treatment plan was developed, discussed with the patient and informed consent was obtained. Since the plaque index score remained the same and the patient was confused about the toothbrushing technique, I reviewed the same toothbrushing method without teaching a new method. On this visit, I also started scaling quadrant IV. During the patient's fourth visit, the plaque index score still remained the same. I reviewed the modified Bass technique once again and introduced flossing. I rescaled the distal surfaces of tooth #25-27 and completed scaling for quadrants II and III. On the final visit, the plaque score decreased to 0.5 so I just reviewed modified Bass and flossing. I also rescaled the distal of #24 and scaled the new calculus that reformed on the lingual surfaces of the mandible. I completed scaling quadrant I and completed engine polish with the fine abrasive. On all the scaling visits, 20% Benzocaine topical was employed. After the completion of treatment, 3 months recare was recommended since new calculus quickly forms, within weeks.
b. *Any medical, social or psychological factors which impacted on the treatment?*
   No, there was not any medical, social or psychological factors that influenced treatment.
c. *State your patient home care goals for this patient and identify the physiotherapeutic aid(s) recommended along with rationale.*
   The patient's plaque index score ranged on the good portion of the scale. My goal was to decrease the score, even if it was just by a little bit. As answered in the oral

hygiene section, part C, there was slight visible plaque on the gingival margin and interproximal areas. Thus, I recommended and taught my patient the modified Bass toothbrushing technique and the correct method for flossing.

d. *What was the patient's response to the interventions introduced and taught?*
The patient's initial response was surprisement because he did not know other tooth brushing methods existed. I recall him explaining to me how he does not remember why or how he started brushing his teeth the way he does. Using the disclosing solution, in addition to showing him the calculus scaled from his teeth, were great motivation factors. He was highly motivated to learn the new method and ask various questions to make sure he was on track. He was confused on the toothbrush placement for the lingual surfaces and the different direction to roll. After some repetition, multiple demonstrations and practice, my patient was able to demonstrate the modified Bass method correctly and his plaque index score finally decreased to 0.5 on the last visit. As for flossing, there was not as much of a struggle. My patient just had to work on making the "c" shape to hug each tooth.

e. *Did the patient seem more interested in his/her oral health as treatment progressed?*
My patient was interested about his oral health from the very beginning which was why he was willing to come for this cleaning. I am confident to say that his interests were satisfied after our meticulous care and great patient involvement throughout the process. The patient even claimed that he will continue using the methods that was taught to him.

f. *Describe changes in the patient's gingival tissue from initial visit to completion.*
Overtime, there was consistent decrease in inflammation, redness and bleeding when comparing the areas scaled to the areas not scaled.

g. *Identify any additional interventions developed with the patient as treatment progressed.*
There was no additional interventions developed with the patient as treatment progressed.

h. *Identify whether patient was referred to DDS, or MD and reason.*
There was no referrals given to this patient.

i. *In hindsight would you have changed any part of your treatment plan or patient education plan?*
In a hindsight, I would mention the uses and importance of tongue cleaning and oral rinses while teaching homecare. However, in general the treatment was appropriate for my patient. This was proven by the changes in the gingiva from disease to health and a decrease in the patient's plaque score.

9. REFLECTION

a. *Did you accomplish everything you planned; both educational and mechanical, for this patient?*

   Yes, I had accomplished everything that was planned both educationally and mechanically. The planned treatment was completed professionally and in a orderly manner. Since it took six visits to complete this patient, time management could have been better. However, this is the first patient that I ever completed and he was a heavy. It was a great patient experience and I enjoy learning new things every clinic.

b. *Reflecting on your clinical treatment and faculty feedback, identify what you feel was your clinical strength or a positive experience which may have occurred during the treatment of this patient.*

   One positive experience that occurred during the treatment of this patient was obvious calculus detection. I remember last semester I was extremely frustrated as I would always confused the cementum enamel junction with calculus. When I ask the professor how to differentiate the two, she replied "From experience and within due time." She told me that when I have my first heavy patient it will "click" and she was right! I remember examining my patient mouth and looking only on the facial surfaces. I thought to myself, he had very clean teeth ahe he has impressive homecare. When I saw the linguals of the mandible, I was elated! I recall leaving clinic that day and running to tell many professors and friends of my amazing experience. As my first patient, he made calculus detection simple. Additionally, I am very happy with my grade for the calculus detection competency.

c. *Reflecting on your clinical treatment and faculty feedback, identify what you feel was your clinical weakness or a negative experience which may have occurred during the treatment of this patient.*

   I think my clinical weakness is probing. Although my measurements are precise and not off by more by 1mm, I think I spent too much time on it. I know periodontal charting took me well over an hour to finish. Furthermore, my ergonomics while probing is not the greatest especially when probing the molars. However, I am sure this will improve within time and I am excited for the new experiences with my future patients.