Sue Yi Ni (Susan)
DEN 1200 - D216
Mon PM/Wed AM, Cubicle #8
Journal 3

1. **DEMOGRAPHICS**
    a. *Identify the patient by: First and Last Initials of their name only, age, case/type*
    T.L., 20 years old, Heavy/Type II localized III
2. **ASSESSMENT**
    a. *Patient History, Vital signs, ASA*
    The patient is an ASA 2 with a blood pressure of 100/67mmHg and a pulse of 73bpm. He does not take any medication but is allergic to mangos; symptoms include neck swelling and rashes. 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 November of 2018. His previous dental visit was on September of 2018 for a dental exam and cleaning. His most recent radiographs, 4 bitewings, were taken on January of 2019. He had orthodontic treatment from 2014-2017. The patient reported using a medium head manual toothbrush once a day without interdental aids, oral rinse or tongue cleaner.
    b. *Include smoking history (amount and duration)*
    The patient is not a smoker.
    c. *List any premedication needed*
    The patient does not need to take any premedication.
    a. *Identify any systemic conditions present*
    The patient does not have any systemic diseases.
    b. *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. The patient has dry lips and a habit of lip biting. Intraorally, he has bilateral linea alba, an uvula that deviates to the right, palatine and mandibular torus (only on the right mandible) and a tissue tag on the maxillary labial frenum between the central incisors. On the first revisit, a 2mm round, flat and white aphthous ulcer appeared on the lingual aspect of the alveolar mucosa below tooth #19.
4. **DENTITION**
    a. *Provide basic information; Angles classification, overbite, overjet.*

The patient has Class I occlusion on the right and Class I tendency towards III occlusion on the left with a 2mm overjet and 20% overbite. The midline of his mandible is slightly shifted 2mm to the left. Tooth #1, 16, 17 and 32 are clinically missing. He has sealant remaining on tooth #3, a resin-based composite on tooth #3L and 12DO. Additionally, he has amalgam fillings on tooth #13DO, 14MOBL, 15OL, 18O, 19O and 30 OL. He also has a lingual bar from teeth #22-27.

b. *Describe any tooth anomalies.*
The patient has generalized hypomineralization but abrasion, abfraction, attrition and erosion are not present.

c. *Describe if caries active, and general location of caries.*
There are no active caries; the patient has a low risk for caries.

5. PERIODONTAL

a. *Describe periodontal findings; case type, probing depths, recession, bleeding upon probing (BUP)*
The patient was classified as type II slight periodontitis and localized type II moderate periodontitis with moderate bleeding upon probing, moderate inflammation, generalized 1-3mm probing depths and localized 4-6mm probing depths on the posteriors. The patient does not have recession, suppuration, furcation, and mobility.

b. *Provide a gingival statement assessing the presence of inflammation*
The gingiva was pink with marginal redness and inflammation. They fit snugly around the teeth and were firm and resilient. It was generally rolled on the posteriors and on the lingual surface of the anteriors of the mandible. Loss of stippling and bleeding upon probing were present.

6. ORAL HYGIENE

a. *State initial and revisit plaque scores*
The initial plaque score was 1.5 (fair) and remained the same on the next visit.

b. *Identify areas of calculus found.*
There were generalized supragingival and subgingival calculus on the lingual surfaces of the mandibular anterior teeth and subgingival calculus on the posteriors of the maxilla. For the maxilla, the only place with supragingival calculus was on the premolars.

c. *State planned oral hygiene interventions based on findings.*
My patient did not have the best oral hygiene; as mentioned in assessment part A, he only brushes his teeth once a day without the use of interdental aids, oral rinse or tongue cleaner. His plaque index score remained in the fair portion for both revisits. Generally, slight plaque was apparent near the gingival margin. However, plaque was mostly concentrated on the interproximal surfaces and all around the teeth with the lingual bar. Thus, my planned oral hygiene intervention was to first

teach him how to floss, then use the floss threader at the target area with the lingual bar and lastly modified Bass toothbrushing technique.

7. **RADIOGRAPHS**
    a. *Does the patient require radiographs? If yes, what type?*
    No, the patient does not require radiographs since he has recently taken dental images in January of 2019.
    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 better homecare, complete debridement with 20% benzocaine topical for pain management if necessary, engine polishing and fluoride treatment. During the patient's initial visit, medical history was reviewed, extraoral examination, intraoral examination, dental charting, periodontal assessment were completed and calculus detection was started. On the second visit, calculus detection was completed. The patient's case value was confirmed as a heavy/type II localized III. I also employed the disclosing solution to establish the initial plaque index was 1.5 (fair) and introduced flossing. The treatment plan was developed, discussed with the patient and informed consent was obtained. On this visit, I finished scaling quadrant I and started scaling the posteriors of quadrant II with 20% benzocaine topical for pain management. At the patient's third and final visit, the plaque index score remained at 1.5 (fair). I reviewed flossing and introduced floss threaders for the areas with the lingual bar. I completed scaling quadrants II, III, and IV after rescaling the mesial surfaces of teeth #19 & 20 and the distal surface of tooth #21. I was also able to take the clinical skills competency on this visit. The treatment plan was modified excluding fluoride treatment since the patient refused. After the completion of treatment, 4 months recare was recommended.
    b. *Any medical, social or psychological factors which impacted on the treatment?*
    No, there weren't 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 remained at 1.5 on the fair portion of the scale. My goal was to decrease the score to become on the good portion of the scale. As answered in the oral hygiene section, part C, most of the plaque was concentrated

on the interproximal surface and all around the teeth with the lingual bar. Thus, my main focus was to educate my patient on interdental aids, generally flossing and floss threader on problem focused areas. My patient did not have recession but has pockets, so if time allowed I wanted to teach my patient the modified Bass toothbrushing technique.

d. *What was the patient's response to the interventions introduced and taught?*
My patient knew he had to floss but he explained how no one really taught him. He was open minded to learn but he admitted trying for a few days and eventually giving up. On his third visit, when we reviewed how to floss there was improvement on the mandible teeth since it was visible. He did get frustrated with the maxillary arch because his hands always blocks his vision. However, when we introduced the floss threader he mentioned how it was much easier to get under the contact areas that he may even use that on all of his teeth.

e. *Did the patient seem more interested in his/her oral health as treatment progressed?*
Yes, especially when the floss threader was introduced. He was so eager to clean that area causing him to be a bit rough and almost injured his gingiva!

f. *Describe changes in the patient's gingival tissue from initial visit to completion.*
Although I was only able to access the patient's gingival tissue change once, a slight decrease in inflammation, redness and bleeding was evident on the areas scaled compared 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.*
No referrals were given.

i. *In hindsight would you have changed any part of your treatment plan or patient education plan?*
I would not have changed any part of my treatment plan because it was appropriate for my patient. This was justify by the changes in the gingiva from disease to health. However, I wish I modified my patient's education plan in either just teaching one interdental aid or even two if the patient was confident with it. This way I would have time to teach him a modified Bass toothbrushing technique; I did not fathom that I was able to complete him in such a short time. Since I did not teach him the toothbrushing technique his plaque index remained the same; we focus on cleaning the interdental areas. However, I am not disappointed because my patient did gain insight on how to take care of the areas near his lingual bar, which was also the area with most calculus. I still have the

chance to teach him the modified Bass technique on his next appointment. Unfortunately, my patient also rejected the 2% sodium fluoride treatment after hearing the post-op instruction of not eating for 30 minutes after application. This was rather disappointing, especially when he has hypomineralization.

j. *Additional questions from the prevention exam: Was your home care plan successful? Were you stated outcomes achieved? What worked? What didn't? How were you able to motivate your patient to comply with your instructions?*
As mentioned in parts C and D, my homecare plan was successful in a way that my patient was well informed of how to take care of the interdental areas. He was quite happy to find how simple it was to use a floss threader. However, since time did not allow a toothbrushing technique to be taught the plaque index remained the same and the goal was not reached. Even so the stated prognosis of decrease inflammation, redness and bleeding of the gingiva was achieved after a full mouth debridement. I was able to motivate my patient by stressing the importance of good homecare pointing out the areas with plaque stained from the disclosing solution, particularly the interdental areas. I emphasized that these areas cannot be reached by toothbrushing which was why flossing and other interdental aids are necessary. I also explained what periodontitis is and what it could lead to providing evidence from the periodontal chart such as pocket depths. Furthermore, I explained the prognosis and showed areas of improvement after scaling. I was even able to show him a piece of calculus taken from the areas with the lingual bar. I hope with everything combined, it would motivate my patient to continue practicing what was taught and to make consistent dental appointments.

9. REFLECTION

a. *Did you accomplish everything you planned; both educational and mechanical, for this patient?*
No, I did not accomplish everything that I have planned in regards to educational and mechanical implementation. I wished I was able to teach my patient the modified Bass technique and provided fluoride treatment. However, I know I will get a chance to do so on the next visit.

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.*
With this patient, my clinical strength was time management and scaling. I must admit that the pressure of finishing requirements did motivate me to complete this patient faster. This experience boosted my confidence, confirming that it is possible to finish a heavy case in three visits. I am also very happy that I was able to complete three quadrants without any rescales. Overall, this clinical experience was fantastically smooth and most importantly I gained more experience.

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 did not have a negative experience in this clinical treatment but I do remember getting frustrated when I was hand scaling the areas with the lingual bar. I felt that the bar limited my strokes and I was getting confused on the areas with supragingival calculus. I had to called the professor many times to show me how she would scale the patient and then show her if I was scaling it properly. One of the most significant piece of information that I learned was how the lingual bar was attached to the teeth by composite fillings. Afterwards, I had an epiphany since I was confusing the fillings with supragingival calculus. I am so pleased to have such a wonderful learning experience and great momentum with this professor. As they say, teamwork makes the dream work!