Tara Gallo

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Demographics  
Patient is F.L., 56 years old, heavy/type III.

**Assessment**:

Patient had nothing significant to report in medical history. Patient is in good health. Her vital signs were within normal limits; BP 89/67 and pulse was 61.  
 Patient is a nonsmoker.  
 No premedication required.  
 Patient has no systemic conditions.

No medications are currently being taken.

**Oral Pathology:**

Patient had 1x1 red petechiae on the right mucosal lining. This lesion was present throughout the patient’s visits. Other findings during the EO/IO include unilateral crepitus of the TMJ, bilateral cheek biting, and a small palatal torus.

**Dentition:**

Patient is missing teeth #1, #19, and #32. Patient has amalgams on the occlusal of tooth #3, #15, and #31, the buccal pit of #15 and the MO of #28. Patient has a PFM crown on teeth #18 and #30. Patient has generalized gingival abrasion and localized tooth abrasion on the maxillary anterior sextant. Patient presents a Class I occlusion. She has a 50% overbite and her overjet is 3mm.

Patient has suspicious areas on the occlusal of tooth #14, ML of tooth #10, and the buccal of #28. Also, there is possible recurrent decay on tooth #31.  
**Periodontal**:

Patient had moderate inflammation with bulbous pink tissue. Patient had generalized recession.  
 Patient has Type III periodontitis. Her probing depths ranged from 1-9mm. Pockets were found on both anterior and posterior teeth. Patient had moderate bleeding upon probing. Patient was sensitive in areas where there was recession.

**Oral Hygiene**  
 Patient’s initial PI was 1.5. Patient’s PI remained the same on her next visit. PI decreased to 1.3 on patient’s last revisit.  
 Patient had generalized subgingival calculus and localized supragingival calculus on the mandibular anteriors. Patient had light stains.   
 During session one, I taught this patient brushing using the Modified Bass Method. I explained why she needed to change her current method and she was very interested. She was aware that she had been a vigorous brusher which explains why she has generalized abrasion and recession. During the next visit, her PI remained the same. We reviewed brushing and I introduced flossing. Patient demonstrated nice control of the floss. On the last revisit, her PI decreased to 1.3 and we reviewed flossing. Although patient seemed like she had good technique, she mentioned that it was too time consuming. I immediately doubted that this patient would be compliant. Since this patient is periodontally involved, I explained why good homecare is necessary. I recommended a water pik for her since it will help irrigate her deep pockets and may also help her in being compliant since it is faster.

**Radiographs:**

This patient does express a need for radiographs. She presents with Type III periodontitis and I feel as though a FMS would be ideal for this patient. It would be beneficial to the patient if her clinical findings can be compared with radiographs to examine and monitor the level of her bone. She also has some suspicious areas throughout her dentition; radiographs will help with a more accurate diagnosis for this patient.  
 Patient could not remember when her last radiographs were. She thinks she had 4 BW’s last done in 2014, and radiographs were not present during assessment to compare findings.  
 There were no radiographs to reveal if any condition was evident that wasn’t found clinically.

**Treatment Management**:

On the initial visit, I was able to complete this patient’s assessment. Her assessment revealed that she was a heavy patient with Type III periodontitis. I knew right away that I needed to educate this patient on her condition and what she can do to control it. We first spoke about the Modified Bass Method. On the patient’s next visit, there were no changes in medical history and patient’s IO exam was WNL. We reviewed tooth brushing and I introduced flossing. During this visit, I also scaled the LR quadrant and there was moderate bleeding. On the patient’s final revisit, her tissue appeared healthier in the LR quadrant. It was pink, firm, flat, and had minimal bleeding upon exploring. There was residual calculus on the distal of tooth #31 and #29. Patient’s plaque score decreased this visit from 1.5 to 1.3. We reviewed flossing and patient mentioned that she felt like it takes too long. I explained that it was important for her since she already has periodontal disease. I doubted that she would stay compliant and so I recommended a water pik. I felt like this would be ideal for this patient since she had deep pockets and it is also fast and easy. During this visit, I scaled the LL, UL, and UR using both the ultrasonic and hand instruments. There was moderate bleeding upon scaling. I polished using fine paste and soft rubber cup and also provided this patient with a 4 minute NSF treatment. I gave this patient a 3 month recall since she was a Type III and had bad homecare prior to coming to our clinic.   
There were no medical, social, or psychological factors that impacted on the treatment.   
I felt my strength was removing this patient’s calculus. It was a positive experience because I had never had a patient with pockets as deep as 9mm. In addition, this patient had very tenacious calculus which took a lot of time and effort to remove. I was happy to have had this patient because it gave me experience in working in a periodontally involved mouth.

My clinical weakness during this patient was the saliva ejector. It kept disconnecting and I had a hard time keeping it in a good position. My patient ended up holding it so that we can progress with treatment. Although my patient said she didn’t mind holding the saliva ejector, I felt like it might have been uncomfortable for her but I was left with no other choice.

Patient was given a referral for a suspicious restoration on tooth #14 and possible caries on the buccal of #28, and DL of #10.

**Evaluation:**

This patient clearly needed proper oral hygiene instruction in order to help her grasp control of her condition. First, I felt it was important to start educating the patient about what periodontal disease is and what would happen if she didn’t take care of it. This patient seemed concerned and I knew that it would motivate her in doing better homecare. When we spoke about tooth brushing, this patient favored the Modified Bass Method. She was aware that she was brushing too hard and agreed that a new method was necessary. As far as flossing, this patient showed that she had a good technique; however, she didn’t like that it was a bit time consuming. When I recommended a water pik, she liked the idea and I figured it would be a better alternative then doing nothing at all.

This patient did seem concerned about her oral health in the beginning when she learned more about periodontal disease. As treatment progressed, she was calmer because she felt like she was taking care of it. However, I made sure she understood that treatment doesn’t end in the dental chair and that she needed to continue at home by brushing using the method she learned as well as flossing and/or using the water pik daily.

There were no additional interventions developed with the patient as treatment progressed, however, just a constant review of what was taught to make sure the patient understood why it is necessary in doing these interventions as well as doing them the right way.

**Reflection:**

I would not have changed any part of my treatment plan for any reason. The treatment rendered allowed my patient to have a better understanding of periodontal disease and what can be done to control it. Her 3 month recall will allow me to see how she is doing with her home care and whether or not the interventions chosen are working for this patient.

I was able to accomplish everything that was planned. I scaled and polished all four quadrants. I also gave this patient a fluoride treatment and motivation to take care of her condition. This patient received a lot of useful information and I am eager to see her again in 3 months to see where she stands.