Vanessa Marino
New York City College of Technology
DEN 1200 – Spring 2019

1. **DEMOGRAPHICS**
   R.V, 29 years old, Male, Medium/Type I

2. **ASSESSMENT/**
   a. Penicillin allergy, B/P 143/87, ASA 1. The patient was hospitalized for a broken jaw in May 2016 with an infected hematoma. They drained the abscess and his jaw was wired shut for 6 weeks, however, no contraindications since, as per the patient. His last dental exam was in January 2016, which included one panoramic image taken. Patient reported oral hygiene home care as brushing once per day with a medium toothbrush and does not floss or use mouth rinse.
   b. Non smoker, non drinker, health WNL
   c. No premedication needed
   d. No systemic conditions present
   e. No prescription medicine, no over the counter medication

3. **ORAL PATHOLOGY** (Extra and intra oral findings)
   a. E/O: 1 mm macule on lower lip. I/O: mandibular left tori and coated tongue

4. **DENTITION**
   a. Angles classification: class I occlusion, Overbite:50%, Overjet: 3mm
   b. Attrition: tooth #26-23, all third molars clinically missing
   c. Composite restorations #29 distal and #13 MO, no suspected active caries present

5. **PERIODONTAL**
   a. Type I gingivitis due to non-flossing/poor at home care. Localized inflammation by teeth #12-13. Probing depths generally 1-3mm with minimal localized posterior 4mm pockets. No recession was present with minimal bleeding upon probing.
   b. Gingiva was generalized pink and firm with knife like papilla, there was a localized area of inflammation that showed red and slightly bulbous marginally.

6. **ORAL HYGIENE**
   a. Initial PI: 1.6, Revisit PI: 1.1
   b. Calculus detected was moderate subgingivally posterior, while there was supra gingival on the mandible of the lingual anterior.
   c. Flossing was to be taught first, subsequent visit was tooth brushing (modified bass) with an emphasis on vertical angulation to achieve cleaning the lingual anterior of the mandible.

7. **RADIOGRAPHS**
   a. Yes, the patient required radiographs. A radiographic request form was granted for 4 horizontal bitewings.
   b. Radiographs were not available during the initial data collection.

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8. TREATMENT MANAGEMENT-Utilizing the Patient concept map

a. Proposed treatment plan: OHI, Scale UR, LL using hand instruments, next visit: reevaluate previously scaled areas, OHI, scale LL, UL quadrants, engine polish using fine paste and 5% sodium fluoride varnish.
On the initial visit all assessments were completed. His following visit, the patient presented with a 2x2 mm white lesion on his retro molar pad distal to tooth #18. PI was calculated, OHI flossing was taught, and the treatment plan was devised, and consent was given. I scaled UR, LR quadrants using hand instruments, there was minor to moderate bleeding present. The last visit, the previous lesion present on the retro molar pad was no longer present. I reevaluated UR, LR quadrants and PI was calculated again. OHI of toothbrushing was taught. I hand scaled UL, LL quadrants, engine polished all four quadrants with fine paste, applied 5% sodium fluoride varnish, and instructed 6-month recare.
b. No medical, social or psychological factors impacted the treatment.
c. Home care goals for this patient, like many patients was to get them to floss! This patient said "flossing was a conspiracy" although I think he was trying to poke fun. Because of interproximal biofilm present, I taught him how to floss with string. He asked about the flossers as well for when he was in his car and I demonstrated the use of flossers as a possible alternative. We agreed upon flossing at least once a day. The subsequent visit I wanted to tackle the posterior 1/3 coronal biofilm present as well as the lower lingual anterior area that everyone seems to gloss over. He was brushing too quickly and not getting to these areas. Our last goal was to make sure he was angling the brush into the sulcus and using those tiny circular motions on each area. Finally instructed was the same technique but vertical for the lingual area.
d. When I instructed these methods, the patient was able to reproduce the motions well. He said he would try and seemed genuine although still called it a conspiracy as many times as he could.
e. The patient seemed more interested in his oral health as treatment progressed.
f. The patient's gingival tissue initially had localized inflammation; upon completion there was less and a reduction in red color and firmer gingiva throughout.
g. No additional interventions developed with the patient as treatment progressed.
h. The patient was not referred to a DDS, or MD.
i. In hindsight I would not have changed my treatment plan or patient education. I'm finding that it is better to get the patient to learn to floss first because mostly people already brush at least once a day. However, flossing seems like a job for many. When I implement it from the beginning and we continue the treatment plan, they can visibly see the difference in their mouth; I would say it inspires them to continue to use floss.

9. REFLECTION

a. I accomplished everything I had planned; both educational and mechanical, for this patient.

b. My positive experience was learning new positioning. We had an instructor from senior clinic as a stand in for our normal instructor that day and she was very helpful. One would think that being in my second semester I would have my ergonomics down pat but no, I was lacking. Some simple adjustments and the last session and every session after this one has been so much more comfortable for my neck and my visibility into the mouth is exponentially better. I no longer feel like I'm straining my back. She also taught me to use my sickle scaler in a more efficient manner.
c. The one negative experience was my anxiety while taking competencies. I understand its mind over matter however, it was just extremely intense during those moments and not what I was used to.