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

1. **DEMOGRAPHICS**
   New patient, E.R, white, female, 32-year-old, Heavy/Type I/localized II

2. **ASSESSMENT**
   a. No medications, no allergy, no hospital visits or surgery within the last 5 years, not under care of a physician, health WNL, B/P 110/71 Pulse: 77 ASA: 2 due to being a smoker and drinker, last physical 11/2017, last dental visit 3/2014 that involved a prophylaxis and 4 bitewings and 4 periapical images. The patient reported oral self-care with the use of a powered toothbrush once a day, flosses once a month. The patient reported bleeding while brushing in the posterior at least three times a week. She formally had orthodontic treatment 15 years ago, but never wore retainers. She reports occasional ear aches and neck pain that is alleviated after flossing posterior teeth
   b. Daily smoker: 1 pack a day for 15 years on and off. Social drinker: once a week. Instructed patient to have cessations of both.
   c. No premedication needed
   d. No systematic conditions present
   e. No prescription or over the counter medication taken
3. **ORAL PATHOLOGY** (Extra and intra oral findings)
   a. E/O WNL, 4mm scar on left lateral anterior of neck, above the scar was a human induced bite mark, the patient reports no issue or pain in the area. Bow tattoo pink in color on the back of the neck, generalized skin tags on anterior and posterior of neck. I/O: slight bilateral linea alba, cheek biting buccal mucosa distal to tooth #18, yellow/white coated tongue
4. **DENTITION**
   a. Angles classification: Class I bilateral, Overbite: 10%, Overjet:3mm
   b. Attrition on tooth #3, 27-22, 6-11, mild generalized fluorosis
   c. Caries activity on distal and mesial of 28, and pain on #31 from an old composite. Multiple amalgam and composite restorations in posterior and three PFM crowns on #30, 14, 19, all third molars were clinically missing.

5. **PERIODONTAL**
   a. Type I gingivitis with localized type II, moderate BOP, localized pocketing of 4mm+ on both arches of posterior and mandible anterior, localized recession of 1-2 mm on tooth numbers #3, 5, 12, 15, 31, 27-21
   b. Gingiva showed pink generalized health with localized red moderate inflammation and recession, tooth #14-15 palatal showed pale, pink, firm, keratinized tissue accompanied by pain.

6. **ORAL HYGIENE**
   a. Initial plaque score was a 1.2, revisit was a 1. Biofilm was present marginally in posterior teeth but generally interproximal.

b. Calculus found: generalized posterior subgingival tenacious calculus mesial/distal, localized anterior subgingival maxillary, and supragingival calculus on the lingual anterior of the mandible on all surfaces.
c. Oral health care intervention: First OHI was to floss due to her lack of flossing in general, and excess interproximal biofilm present. Subsequent OHI was toothbrushing (modified bass) to teach her how to properly remove biofilm on her posterior teeth while stimulating the gingiva and to reduce inflammation by removing more biofilm. I also instructed her how to brush the lingual anterior of her teeth because she was susceptible to moderate calculus accumulation in that area.

7. RADIOGRAPHS

a. Yes, the patient required radiographs. I received approval for a full mouth series to be done. Images were not taken before all quadrants were completed, however she is coming to radiology lab to complete these on the day allocated by the radiology professor.
b. Radiographs were not available during data collection
c. N/A

8. TREATMENT MANAGEMENT-Utilizing the Patient concept map

a. Initial visit: all assessments were completed and a referral for suspected caries activity was given to the patient. Visit 2: PI calculated, OHI flossing taught, a treatment plan was devised, and consent was given. Scaled UR, LR quadrants using hand instruments, moderate bleeding present, used 20% benzocaine topical for any sensitivity. Visit 2: Reevaluated UR, LR quadrants, decreased redness present in previously scaled areas. PI and OHI given, hand scaled UL, LL quadrants, minor bleeding present, used 20% benzocaine topical, engine polished all four quadrants with fine paste, applied 5% sodium fluoride varnish, instructed 6 month recare.
b. There were no medical issues, dental fear or any other psychological factors that impacted the treatment.
c. The patient's home care goals initially were to get her to start flossing. The majority of the biofilm present that was revealed in the plaque index was interproximal. She needed to be introduced to a routine and educated that bleeding while flossing was normal due to the inflammation she presented with and would subside with continued use of floss. On our third visit we revisited flossing and reviewed her technique. Modified bass toothbrushing was then introduced due to the marginal biofilm present on the posterior teeth. This helped to stimulate the gingiva, remove the biofilm, and reduce inflammation.
d. The patient reacted positively to all interventions taught and was eager to learn. She did not bring her powered toothbrush to clinic, so I could not show her how to properly brush using it, however, she informed me many times she does not sleep at home and uses a manual toothbrush on those instances. The manual toothbrushing technique was still helpful because she realized that she needs to take the time to insure all surfaces are adequately cleaned.

e. She seemed interested in her oral hygiene as treatments progressed. She was always excited to come for the visits and always arrived early.
f. Initially her gingiva showed more inflammation and was tender and inflamed in some areas. When all treatments were concluded there was less bleeding and firmer gingiva with the patient reporting having a fresher feeling mouth.
g. There were no additional interventions developed with the patient as treatment progressed.
h. The patient was given a referral to a DDS for suspected caries activities. I would have advised her to see her MD for a checkup being that her last examination was in 2017, however, she informed me she had one scheduled already.
i. In hindsight, I would not have changed any of my treatment plan. The treatment and education given to the patient proved to be efficient and helpful to the patient's gingival health, and plaque index score.

9. REFLECTION

a. I was able to accomplish everything I planned; both educational and mechanical, for this patient.
b. Reflecting on my clinical treatment and faculty feedback, I can conclude that a positive experience I had was the continued eagerness of my patient. She was so excited to start and gushed about the results after. My timing was much better with this patient although I always wish I could finish all four quadrants in one visit on a heavy case type. (A girl can dream)
c. My clinical weakness was not initially checking with my 11/12 explorer for residual calculus after finishing a quadrant. I was instructed to rescale 4 areas that I finished within the session, but, I was disappointed that I didn't disclose them myself. I was taught to use an even lighter touch with my explorer and it seems to be helping immensely.