Victoria Hsu
Den 1200 D200
Section B Cubicle 9
Monday PM/ Wednesday AM
Journal entry #2

DEMOGRAPHICS

C. W., 32 years old. ASA I, Medium / Perio type II

ASSESSMENT

a. C. W. is a 32 years old Asian male here for dental prophylaxis. ASA I. His blood pressure is 98/58 while his pulse per minute is 75. The low blood pressure could be explained by his athletic build, and his daily exercise routine. He states his blood pressure is normally on the low side.
b. Patient is a non-smoker, and has no history of any type of tobacco use. Patient does not drink.
c. Patient has no known allergies, and there is no any usage of any premedication.
d. No systemic conditions present.
e. Patient is not taking any prescription medication nor any over the counter medication. C. W. is overall in good health.

ORAL PATHOLOGY (Extra and intra oral findings)

a. Both extra-oral and intra-oral have no significant finding. A firm tissue tag on labial frenum, and fissured tongue were observed during intra-oral examination.

DENTITION

a. Patient has missing tooth #1, 5, 12, 16, 17, 21, 28, and 32. Angle's classification occlusion is class I on the right side, and class I tendency to class II on the left side with 5 mm overjet and 30% overbite. Attrition is found on the incisal surface of #6, 7, 9-11, 22-27, and abrasion is found on #4.

b. There are no tooth anomalies present.
c. Decay was found on tooth #4 occlusal surface, referral was given to patient. There are composite restorations on tooth #4, 9, 15, and 29. Amalgam restorations noted on tooth #2, 3, 14, 18, 19, 30, and 31. Composite inlay was found on #20. Patient also has a Porcelain crown on #8. Patient is currently at high risk for caries due to active caries and many multi-surface restorations.

PERIODONTAL

a. Patient is classified as Type II slightly periodontitis. There were generalized 2-3 mm sulci throughout the mouth with generalized 1-2 mm recession on posterior teeth. There were localized minimal bleeding upon probing on #7, 11, and 23.
b. Patient's gingiva showed generalized pale pink color with moderate papillary inflammation on the mandibular anterior teeth, and moderate-severe local inflammation with slightly swollen and cyanotic gingival margin and interdental papillae around tooth #8.

ORAL HYGIENE

a. Three plaque scores were taken up to patient's last visit. Initial plaque was taken on patient's second visit and recorded as 1.33 which is equal fair. Second plaque score was 0.83 equal fair taken on patient's third visit. The third plaque score was taken on patient's last visit and recorded as 0.83 still equal fair; however, the plaque scores showed a decrease from the initial to last visit.
b. Generalized subgingival calculus were detected on both posterior and anterior teeth interproximally. Patient was classified as a medium calculus case value.
c. The planned oral hygiene interventions based on the findings include removal of all calculus, introducing the Charter toothbrushing technique, flossing technique, and neutral sodium fluoride varnish 5% treatment.

RADIOGRAPHS

a. Patient requires 4 horizontal bitewings.

b. Radiographs data collection was available. However, patient's dental radiographs were taken during radiology class before becoming a clinic patient.
c. Radiographic findings include general slight bone loss. There is no radiographic evidence of decay and no evidence of calculus.

TREATMENT MANAGEMENT-Utilizing the Patient concept map

a. My treatment plan is to demonstrate the proper tooth brushing technique, educate the patient to floss at least once a day, preferably prior to brushing before bedtime. Treatment plan also include removing the calculus in the entire dentition and applying neutral 5 % sodium fluoride varnish based on the generalized recession throughout patient's mouth and the active caries found on tooth #4. Patient does not required engine polishing since there is no extrinsic stains presented. On the initial visit, EO, IO, dental charting, and periodontal charting were completed. On the revisit, visit 2, calculus detection was completed. Treatment plan was explained, and consent form was signed by the patient. Plaque score was taken and afterwards the Charter tooth brushing technique was demonstrated to patient. I completed scaling for quadrants I and IV on visit 2 as well. On the revisit, visit 3, Charter tooth brushing technique was reviewed and reinforced, and flossing technique was introduced. Residual calculus were found and re-scaled. Completed scaling quadrant II was done on visit 3. On the last visit, visit 4, both Charter tooth brushing and flossing techniques were reviewed with the patient because the plaque score showed no decrease and coloration was still presented on the interproximal surfaces. Due to the localized embrasure type II, interdental brush was recommended to the patient. On this visit, moderate papillary inflammation was reduced on the lower anterior teeth. Localized inflammation gingival margin is not as bulbous as before and is less spongy on both upper and lower anterior teeth. Moderate local inflammation with slightly swollen and cyanotic gingival margin and interdental papillae around #8 showed significant reduction. Patient reported continued use of Charter tooth brushing technique at home, and started flossing at least once a day. Completed scaling quadrant III, neutral sodium fluoride varnish 5% treatment was performed and post care instructions were given.

Recommended 4 months recare to the patient.

b. There were not any medical, social or psychological factors which impacted the treatment.

c. My home care goal for the patient is to teach the patient to use Charter toothbrushing technique twice a day instead of the vertical and circular tooth brushing method the patient had been using. Plaque index showed the coloration presented mostly on the interproximal surfaces of the patient's teeth, so I decided to introduce the Charter toothbrushing technique to assist the patient with the biofilm removal on the interproximal surfaces. Calculus detection also showed the calculus were mostly found interproximally and the gingival tissue showed papillary inflammation, so the flossing technique was introduced after the Charter toothbrushing technique to help remove the interproximal biofilm attachment. However, because of the localized embrasure type II, interdental brush was also recommended to the patient.

d. Patient was cooperated with the suggestions on both tooth brushing and flossing techniques.

e. As treatment progressed and improvement was seen, the patient expressed his enthusiasm for continuing treatment and the condition of his oral health. When he saw the reduction in coloration with the disclosing agent on his teeth, he verbalized he wanted to continue making progress by being compliant with my dental hygiene instructions at home.

f. Patient had moderate papillary inflammation on the mandibular anterior teeth and moderate-severe local inflammation with slightly swollen and cyanotic gingival margin around #8 on the initial visit. With full mouth debridement and patient's implementation of using the Charter tooth brushing technique twice a day and flossing at least once a day prior to brushing, the papillary inflammation showed significant reduction of the patient's gingival tissue from initial visit to completion.

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

h. There was no need to refer patient to DDS, or MD.

i. I would not have changed any part of my treatment plan or patient education plan for the patient because the inflammation was reduced and there was a decrease in plaque score, which demonstrated the treatment plan is working. I believe my treatment plan was accommodating to the patient's needs.

REFLECTION

a. Yes, I have accomplish both educational and mechanical treatment plan for the patient.

b. Reflecting on my clinical treatment and faculty feedback, I believe my clinical strength was patient education. I explained the process of plaque formation. Furthermore, I explained what will happen without the proper brushing to remove the plaque. It will later build up as tartar and can lead to inflammation on the gum, cavities, and gum disease. I also explained the importance of dental debridement to remove all calculus and how to maintain healthy oral hygiene at home with home care instructions. Once patient understands the process of plaque and calculus formation, I showed the patient his plaque score. It was revealed that most of his plaques are found in his interproximal spaces; therefore, I encourage him to floss more as flossing is the best way to remove plaque in the interproximal spaces. Patient mentioned he previously did not like flossing and did not think it was vital to his oral health, but since our session he started flossing at least once a day, which he state was a big behavior change for him. He also mentioned he felt the difference in his oral hygiene after he started flossing.

c. Reflecting on my clinical treatment and faculty feedback, I feel my clinical weakness was scaling. I needed to use overlapping strokes in order to remove the calculus on the marginal surfaces. I had a few residual calculus on the marginal surface and it was because I did not use overlapping strokes when removing calculus mesially on the posterior teeth. I will

practice using short and overlapping strokes to remove calculus so the calculus removal will be more effective.