New York City College of Technology
DEN 1200 – Spring 2019

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DEN 1200
Clinic B/Cubicial #17
Tuesdays and Wednesday Evening.

1. **DEMOGRAPHICS**
   N.S., 19 years old, Light/Type II. ASA 1.

2. **ASSESSMENT**
   a. Patient History, Vital signs, ASA. Patient presented for a 6 months clean-up and check-up. Patient is a 19 years old Asian male with blood pressure of 107/68 and a pulse of 77. Patient isn't under any medications, has no allergies, does not consume alcohol or drugs. Patient complains about tooth sensitivity when consuming cold drinks and uses sensodyne on a manual medium toothbrush.
   b. None smoker
   c. No premedication needed
   d. No systemic conditions present
   e. No prescription medicine or any over the counter (OTC) medication.

3. **ORAL PATHOLOGY** (Extra and intra oral findings)
   a. EO/IO was WNL. No abnormalities presented. However, patient was presented with Fordyce granules and a small torus in the palatal and left side of the floor of mandible. In the second visit, he presented with a 1 cm red lesion on vermillion boarder of lower lip with well demarcated boarder was present due to patient biting their lip.
4. **DENTITION**
   a. Patient had tooth #1, 16, 17 and #32 all clinically missing. On the second visit, we were able to see the beginning of tooth #1 eruption. The patient had 5 composites located on the on the occlusal and lingual surface of #3, occlusal surfaces of # 18, 19, 31 and 30 had both a composite and a small cavity. He had an occlusal class III bilaterally, an overjet of 2mm and no overbite (Overbite 0%). Patient had a small fracture on tooth #8.

5. **PERIODONTAL**
   a. Patient was presented as a periodontal case type II. Probing depth were generally between 3-4 mm with some 5 mm on the lingual of the posterior dentitions. There was localized moderate BUP with generalized recession due to abrasive brushing.
   b. The gingiva was presented with a pale pink and firm stippling, with localized redness and generalized rolled gingival margin. Minimal inflammation was presented.

6. **ORAL HYGIENE**
   a. The initial plaque score was 1.33(fair) and it didn't change in the revisit plaque score.
   b. Patient had slight grainy supra calculus on the buccal of the posterior maxillary molars and also very slight supra calculus on the lingual of the anterior mandibular incisors.
   c. Being that the patient is presented with minimal inflammation and localized BUP, with very light calculus in areas hard to reach, and also with a plaque index score that showed biofilm accumulation was more prominent interproximal, it was determined that flossing

religiously would decrease the biofilm that's accumulated interproximal. Furthermore, being that generalized recession and calculus present in hard to reach areas, it was also determined that modified bass technique would be best fitting for the patient, in which correct angulation and pressure management was tough to minimize the recession and to reach those areas that weren't reached before.

7. RADIOGRAPHS

a. Does the patient require radiographs? If yes, what type? The patient had taking recent dental x-rays which makes him unqualified. However, if the situations differ than the patient's ideal x-rays will be four horizontal Bitewings.
b. N/A
c. N/A

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 ideal treatment plan included hand scaling, engine polishing and a fluoride treatment. During the first visit assessments was completed which included EO/IO, dental charting, perio. In the second visit a plaque index score was preformed, patient was taught how to properly floss followed by calculus detection and finishing the day with the creation of the treatment plan. In the next visit, patient was reclassified from perio type I to type II. Calculus removal for quadrants UL and LL was completed. Final fourth visit was the continuation of hand scaling UR and LR quadrants, engine polish (fine particles) and completed the patient with a fluoride treatment using 2% sodium fluoride (neutral). Reviewed home care instructions with patient and discussed diet as a contributing factor for erosion and carries.

b. Any medical, social or psychological factors which impacted on the treatment?

There was no medical, social or psychological factor that had any impact on the treatment.

c. State your patient home care goals for this patient and identify the physiotherapeutic aid(s) recommended along with rationale.

Being that the patient's plaque score was fair (1.33) with most biofilm being present interproximal, due to brushing their teeth religiously twice daily and flossing ones a week but admits to consuming sugary food and beverages throughout the day. Also taking into consideration the amount of recession presented, I believe that the best home care goal for the patient would be to lessen his pressure while brushing which will heal the generalized recession and create a more snuggly papilla around the tooth, to floss more frequently than usual which will improve the health of the gingiva and contribute to the snuggly form it takes on the tooth, and most importantly to limit the consumption of sugar throughout the day which despite how healthy the gingiva is or how white and clean the teeth may looks, carries could be presented which if not taken care of could lead to root canal or tooth extraction.

d. What was the patient's response to the interventions introduced and taught?

The patient's reaction was positive but very surprised about the interventions that were introduced and taught because he was under the impression that his teeth were

completely fine and nothing was wrong with his brushing techniques because his teeth were white and clean. However, after I explained the effect of abrasive brushing and what can lead to he was very interested and engaged into what was taught.

e. Did the patient seem more interested in his/her oral health as treatment progressed?
   Yes, the patient was very interested in his oral health as treatment progressed because he already had a good oral hygiene maintenance and so after detecting his errors in his brushing and flossing and learning the correct angulation, it wasn't a challenge or a hassle for him to incorporate the slight changes.
f. Describe changes in the patient's gingival tissue from initial visit to completion.
   While there might not have been a significant difference from initial visit to completion due to minimal present of inflammation. At first visit patient was presented with a pale pink gingiva with firm stippling but gingival margin was rolled with minimal inflammation and generalized recession. After the initial visit the recession was not completely gone, however, there were signs of slight progression which could indicate the struggle of the patient adapting to lower their pressure.
g. Identify any additional interventions developed with the patient as treatment progressed.
   There's were no additional interventions developed with the patient as treatment progressed.
h. Identify whether patient was referred to DDS, or MD and reason.
   The patient was referred to DDS for suspicious carries on tooth #1 and to a MD for a physical check-up.
i. In hindsight would you have changed any part of your treatment plan or patient education plan?
   No, I would have not changed any part of the treatment plan or patient education because the introduced treatment and education proved to be more efficient and proper for this patient. However, I would have advised the patient the purchase either a Sonic Care or Oral B powered toothbrush that lights up whenever to much pressure is being applied, this could have helped the patient with the aggressive brushing by reminding him and letting him know when he is applying to much pressure.

9. REFLECTION

a. Did you accomplish everything you planned; both educational and mechanical, for this patient?
   Yes, I accomplished everything that I had planned both educational and mechanical for this patient. This was my first patient and I had Pamla as my assistance which helped me significantly in reducing my stress, anxiety, and over all work load. She helped with writing down some of the notes and probing depths which despite helping me save a lot of time I was only able to accomplish up to perio. The next visit was more nerve wrecking because it was my first time alone with the patient. Despite the patient being a light, after completing the patient I was very satisfied and he was very pleased by how his teeth looked and felt.
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.
   While my patient was a light, removing the slight calculus was the most satisfying feeling. Seeing my patient's reaction when I removed the calculus and him explaining

the satisfying relief he feels when I remove the calculus made me genuinely happy. Furthermore, seeing the progress in the patient's gingiva, indicates that the patient is serious about his oral health and was genuinely interested in getting a check-up/clean-up, rather than being in the clinic for me.

a. 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.

   My clinical weakness will forever be calculus detection. No matter how much I practice it seems futile because I can't seem to differentiate between sub-calculus and the CEJ. While I know this struggle won't last forever and over time I will develop the tactical sensitivity needed to be able to differentiate between the two. Another weakness that I came up with was being organized. I struggled with keeping up with the amount of paper work and computer work that needs to be filled, which would cause me to internally panic and sometimes would lead to me losing track, however, with the help of professor Chitlall I'm now a more organized clinician which effects my time management and a more efficient work.