

Yahya Salim  
DEN 1200  
Clinic B/Cubical #17  
Tuesdays and Wednesday Evening.

## **DEMOGRAPHICS**

A.S., 22 year old, Heavy/Type III. ASA 1

## **ASSESSMENT**

Patient history, vital signs, ASA. Patient presented for a dental prophylaxis and dental exam. Patient is a 22 year old Asian male with a blood pressure of 111/78 and a pulse of 93. Patient does not take any medications and has no allergies, does not consume alcohol or drugs. Patient chief complain of sensitivity to cold and hot drinks, occasional neck pain and dry mouth. Patient uses both an electrical and Manuel toothbrush with Colgate.

Nonsmoker

No systemic condition present

No prescription meds or any OTC meds.

## **ORAL PATHOLOGY (Extra and intra oral finding)**

EO/IO. No abnormalities presented. However, patient had an inflamed tonsils due to being sick the previous week. Patient also presented with small palatal tori, bilateral clickable TMJ, and Fordyce granules.

## **DENTITION**

Patient had tooth #1 & 16 clinically missing and #17 & 32 partially erupted. Patient had caries present on the occlusal surfaces of #2, 14, 30, 31 and attrition on #26, 25, 24, 23. He had an occlusal class III, a 2mm overjet, and a 10% overbite.

## **PERIODONTAL**

Patient was assessed to be a periodontal case type III. Probing depths were generalized 4-5mm with localized 6mm posteriorly. Moderate to severe bleeding presented upon probing and exploring, with generalized moderate to severe inflammation and moderate posterior recession possible due to aggressive brushing and clenching. The gingiva presented with a puffy red color and no stippling, generalized moderate to severe redness and bulbous papillae with rolled gingival margins.

## **ORAL HYGIENE**

The initial and subsequent PI was 2.3 (poor), indicating that the patient isn't implementing his home care techniques that were taught to him. Patient presented with generalized heavy tenacious calculus, both sub and supra gingivally. Based on the findings of moderate to severe inflammation, generalized moderate to severe BUP, and a plaque index score that showed biofilm accumulating everywhere it was determined that a thorough correct modified bass technique would be recommended for the patient to help remove excessive biofilm on the tooth surface and reduce inflammation. Also, based on the findings of biofilm interproximally, flossing religiously would also aid in helping the reduction of inflammation.

## **RADIOGRAPHS**

Taken HBWs 4 exposures x rays took on February 23, 2019.

## **TREATMENT MANAGEMENT-Utilizing the Patient concept map**

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 and using the cavitron, engine polishing using ultra fine particles, and a fluoride treatment using a 2% sodium fluoride. During initial visit, assessments up to perio were completed, and this included, EO/IO, dental charting, and perio. Between initial visit and second visit, with the help of professor Chitlall I took 4 BTWs on the patient. In the second visit, I completed calculus detection, created a treatment plan and started hand scaling UR quadrant. On the third visit, I performed a PI score and taught OHI modified TB technique and completed hand scaling UR quadrant. On the third visit, I performed PI score, taught OHI correct flossing technique and hand scaled LR quadrant. On the fourth visit, I performed PI score, reviewed OHI and hand scaled LL quadrant. On the final fifth visit, patient refused PI due to religious reasons, but reviewed OHI and scaled UL quadrant using hand instruments and cavitron, lavaged using the cavitron UR, LR, LL, engine polished using fine ultra-fine particles and finally a fluoride treatment using 2% sodium fluoride.

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

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

Being that the patient initial PI score was poor with biofilm being both on the tooth surfaces and interproximally, and has recession posteriorly, the best home care goal would be to lessen the pressure and adapt the TB correctly when brushing, wear night guard to stabilize recession and attrition, and to floss thoroughly to remove interproximal biofilm and allow a snugly papillae to form.

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

The patients reaction was positive, but did not seemed eager to learn how to improve his oral health. PI score and statues of his oral condition indicate that the patient isn't incorporating OHI. The patient was surprised about the modified bass technique because he never encountered such technique.

Did the patient seem more interested in his/her oral health as treatment progressed?

As treatment progressed and improvements occurred the patient seemed more interested in his oral health. Being that the patient is my brother and live together, I introduced angled flosser to help motivate and encourage him to floss.

Describe changes in the patient's gingival tissue from initial visit to completion.

There were significant changes which included reduction in bleeding upon exploring, reduction in inflammation, reduction in halitosis, and a more snugly gingival margin.

Identify any additional interventions developed with the patient as treatment progressed

There's were no additional interventions developed with the patient as treatment progressed.

Identify whether patient was referred to DDS, or MD and reason.

The patient was referred to a DDS for suspicious carries and to an MD for a medical checkup.

In hindsight would you have changed any part of your treatment plan or patient education plan?

No, I would have not changed any part if the treatment plan because it proved to be beneficial to the patient improving his oral condition.

## **REFLECTION**

Did you accomplish everything you planned; both educational and mechanical, for this patient?

Yes, I accomplished everything I planned, both educational and mechanical for this patient. This was the hardest patient to complete because I hand scaled more than half of his mouth. Being how heavy and tenacious his calculus was, it took me one visit to scale one quadrant, which increased the amount of visit he returned.

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.

Being a heavy tenacious patient, my scaling skills improved significantly because I learned how to adapt and implement the working stroke properly to remove calculus. Using the cavitron, and seeing the patient's reaction after removing extrinsic stain on teeth, was a positive experience that made me feel like I have done a good deed

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.

Still my clinical weakness is calculus detection. However, with the help and guidance of the instructors and witnessing different approaches to detect calculus, I have improved a lot. I know that over time, my skills as a clinician will improve.