The sequence of appointments is critical to achieve the goal of care for the periodontally involved patient. Proper professional care is important when addressing this disease.

When assessing a patient, the hygienist plays an important role by aiding the dentist in proper diagnosis of disease. The hygienist gathers all information from the patient, including medical history, proper dental radiographs, a thorough intra- and extra-oral examination as well as periodontal charting.

Proper charting includes multiple factors. A straight probe is important, as is one without burs. Proper angulation of the probe gives the clinician the best idea of the amount of bone loss in a particular location. Finally, the appropriate pressure the clinician uses on the probe, 15 grams, is necessary if bleeding on probing is used as a disease indicator.

Probing is used as a disease indicator. The Florida Probe is a “go-to” tool to assess and educate. It provides a computer voice verbalizing the readings of the periodontal probe. The patient’s attention is grabbed when “danger” is mentioned in pockets 4 mm and greater during an exam.

It’s important to get this third party endorsement of the disease process as patients become more cognitively aware. For clinicians hesitant to bring up a person’s periodontal condition, this uninvolved voice from the computer takes away that hesitation as well.

The Florida Probe sums up all the data professionally. The patient sees as well as hears the status of his or her condition. Keep in mind that today’s insurance world requires charting of periodontal recordings before treatment.

Periodontal charting and dental radiographs help provide the utmost care in treating disease. Radiographs should be current, based on the diagnostic needs of the patient and permit proper interpretation of the status of the periodontium. Intraoral camera photos before and after any procedure show the patient a before-and-after perspective. A picture is truly worth a thousand words.

If the patient does have a periodontal infection and non-surgical therapy is the recommended treatment, the treatment plan can be broken down into full-mouth treatment or quadrants/sexants of periodontal therapy.

Because periodontal disease is a biofilm disease, it may be isolated to certain teeth or parts of teeth.

For people with less than four teeth involved in the disease, the new code for one to three teeth, D4342, may be used. Full quadrant of four or more teeth involved may be coded using D4341.

Each of these appointments should take approximately one hour and should be adjusted to an appropriate amount of time depending on the case.

At the appointment time, before scaling or any other invasive treatment, pre-procedural rinsing with an acceptable antimicrobial mouth rinse is imperative to protect the clinician and the patient.

Patient comfort is critical to a good healthy outcome. There are different types of anesthetic given by

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**Crest Oral-B introduces patient-based solutions**

**Clinical Pro-Health System for Gingivitis**

Crest® Oral-B® recently introduced the Clinical Pro-Health™ System for Gingivitis, clinically tested to virtually eliminate gingivitis.1

With routine dental check-ups and regular use, patients with mild to moderate, persistent gingivitis can reduce inflammation and bleeding and significantly improve their gum health.

“It’s our mission to offer solutions to meet every patient’s oral care needs and be a resource and partner to dental health professionals,” said Ann Hochman, marketing director for Crest Oral-B.

“Our patient-based approach helps us develop targeted, innovative solutions for varying patient types, and include distinct, complete regimens in the plaque, whitening, orthodontics, pediatric and, most recently, gingivitis categories.”

The inspiration behind Crest Oral-B’s latest patient-based solution stems from the fact that one out of two American adults continues to suffer from gingivitis.

In fact, 55 percent of Americans believe that having “a little bleed-
Baby’s first steps to a healthy mouth
February is National Children’s Dental Health Month

Parents are a child’s first teachers in life and they play a significant role in maintaining their child’s overall health. In observance of National Children’s Dental Health Month, the Academy of General Dentistry (AGD) encourages parents to introduce good oral health habits to their children during infancy.

According to the U.S. Centers for Disease Control and Prevention, tooth decay affects children in the United States more than any other chronic infectious disease, highlighting the need for thorough oral care and regular dental visits.

The ideal time for a child to visit the dentist is six months after the child’s first tooth erupts. During this initial visit, a dentist will be able to examine the development of the child’s mouth.

“Parents are surprised when I tell them that their infants can develop tooth decay and cavities soon after their teeth first appear,” says AGD spokesperson Steven A. Ghareeb, DDS, FAGD.

“We usually call this baby-hot-tile tooth decay, which is caused by the long-term exposure to liquids containing sugars like milk, formula and fruit juice.”

In addition to tooth decay, other dental problems such as teething irritations, gum disease and prolonged thumb or pacifier sucking, often start early. The sooner the child visits a dentist, the better.

There are many things that parents can do with their child at home to maintain good oral health:

• Clean the infant’s gums with a clean, damp cloth twice a day.
• Ask a dentist if your baby may begin to rub a tiny dab of toothpaste on the child’s gums. Doing so will help the child become accustomed to the flavor of toothpaste.
• As soon as the first teeth come in, begin brushing them with a small, soft-bristled toothbrush and a pea-sized dab of fluoride toothpaste.
• Help a young child brush at night, which is the most important time to brush, due to loss of salivary flow during sleep and higher susceptibility to cavities and plaque.
• By approximately age 5, a child can learn to brush his or her teeth with proper parental instruction and supervision.

“The best way to teach a child how to brush is to lead by your good example,” says Ghareeb.

Allowing your child to watch you brush your teeth teaches the importance of good oral hygiene.

Children, like adults, should see the dentist every six months. Some dentists may schedule interim visits for every three months when the child is very young, to build the child’s comfort and confidence.

(Baby’s first steps to a healthy mouth)

Get with the ‘probe-gram’

Dentistry in 2011 is very different than it was in the 1950s. Most of us have seen images of dental operators from the mid 1900s. If we think about those images, we can probably remember seeing belt-driven handpieces, cuspidors and dental chairs resembling barber chairs. Today, none of these things remain.

However, there are two things that were utilized 70 years ago that are still being used today and have remained relatively unchanged: the explorer and the periodontal probe.

The Williams Periodontal Probe was invented in 1936 by periodontist Charles H. M. Williams and remains the prototype, or benchmark, for all first-generation probes. First generation probes are simply a bent piece of stainless steel with markings on it to allow measuring probing forces.

In 1956 this probe was a wonderful invention, but in the year 2011, first generation probes really have no place in the operatory, just as belt-driven handpieces have no place in the operatory.

First generation probes are readily available, inexpensive and relatively easy to learn how to use, however, there are disadvantages. These probes do not provide constancy between clinicians because there is no way to ensure clinicians use the same pressure when probing.

Clinicians also visualize the probe reading differently, which leads to the recording of different depths. Utilizing a first generation probe requires pocket depth data to be recorded by another team member, or the clinician is forced to record data alone. The latter can be very time consuming and inefficient.

Second generation probes introduced standardization of probing forces and constant pressure, however, the recording of documenting data was still present. With the inception of third generation probes (Florida Probe 1996), data is transferred into the computer from the probe while probing.

Probing forces are standardized, resulting in more consistency of readings between clinicians. In some cases, these probes are more comfortable for the patient. Errors in reading the probe and transferring the data are eliminated. Periodontal examination data is printed out from the computer and used for patient education.

There are dental schools that are not advocating the use of an explorer for caries detection because there are better ways to detect caries. While schools have not abandoned the concept of probing to screen periodontal health, there are more effective ways of probing.

Consider discarding archaic probes in favor of a probing system that is reflective of the times.

Best Regards,

Angie Stone, RDH, BS

Disclosure: Angie Stone is an avid user of Florida Probe in her clinical practice. She trains office staff to use Florida Probe after they purchase the system and occasionally lectures on the topic of periodontal disease and the use of Florida Probe, both of which she is compensated for by the makers of Florida Probe.

Editor's Letter

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see addressed in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you!

If you would like to make any change to your subscription (name, address or to opt-out) please send us an e-mail at database@dental-tribune.com. To ensure it reaches us, please note that subscription changes can take up to 6 weeks to process.
the dentist or hygienist depending on the state in which they practice. Needle-free anesthetics, such as Cotacaine, are well received by patients.

Some people prefer a fast-acting topical to injections and find this liquid quite comfortable. One drop per site placed facial and lingual is all it takes to get the effects of this anesthetic. Once the patient is comfortable, the clinician will begin the actual treatment. Modern day use of the ultrasonic instrument to provide the best standard of care is amazing.

Ultrasonic scaling, magnetostri c tivity of Piezo, provides the most adequate removal of hard deposits and toxins from the tooth structure. The care for the periodontal patient may include irrigation with a chlorhexidine or povidone iodine post scaling and the placement of a locally delivered antibiotic such as Atridox or Arestin.

Personalized oral hygiene instruction is demonstrated to the patient before or after each treatment is completed. The patient’s daily removal of food and plaque greatly affects the management of this disease. The periodontal re-care appointments in three-month intervals have been found to be effective in maintaining the established gingival health.

The Florida Probe can play an important part of the therapy with charting at a recare appointment. Patients listen and wait to hear the change in their numbers. It's very gratifying to see, hear and involve the patient in his or her treatment.

The patient’s sequence of care is essential for a positive experience and outcome for controlling the disease.

The ability to practice as a hygienist by making a difference in my patients’ health has given me such pleasure. I look forward to each new day with a passion to continue in my career as a hygienist. If you are truly dedicated to the hygiene profession and providing the best care possible, I encourage you to learn about CareerFusion. CareerFusion offers much for dental and health-care professionals who want expand their career options. I encourage you to get informed, get in the game and enjoy your passion! 

References