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.

We are challenged to treat it with compassion while promoting health by ridding the destruction to our patient’s mouth and ultimately creating optimal overall health.

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.

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. Intra-oral 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 oral condition is such that a diagnosis cannot be made due to calculus getting in the way, a debridement, using code (D4355), is necessary. This code is only used if calculus blocks visualization of hard and soft tissue.

To complete the periodontal diagnosis, the patient must return for a comprehensive exam (D0150) after the debridement.

This exam must be comprehensive and involve charting existing restorations and their condition, soft-tissue condition and areas of dental decay. The periodontal condition is also part of this comprehensive examination.

Once fully assessed, the patient’s treatment is developed according to the oral condition and his or her periodontal diagnosis.

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, D4352, 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...
Editor’s Letter

Get with the ‘probe-gram’

Denistry in 2011 is very different than it was in the 1950s. Most of us have seen images of dental operato-
ries from the mid 1900s. If we think about those images, we can probably remember seeing beltdriven hand-
pieces, 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 gold standard for the hygiene operatory, just as belt-driven handpieces have no place in the hygiene operatory, just as beltdriven 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 cli-

nicians because there is no way to ensure clinicians use the same pres-
sure when probing.

Clinicians also visualize the probe reading differently, which leads to the recording of different depths. Utiliz-

ing a first generation probe requires pocket dept data to be recorded by another team member, or the clinician is forced to record data alone. The lat-
ter can be very time consuming and inefficient.

Second generation probes intro-

duced standardization of probing forc-
es and constant pressure. With the in-
ception of third generation probes (Florida Probe 1986), data is transferred into the computer from the probe while probing.

Probing forces are standardized, resulting in more consistency of read-
ings between clinicians. In addition, 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 school have not abandoned the con-
cept 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. 3

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 is compensated for by the makers of Florida Probe.

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Baby's first steps to a healthy mouth

February is National Children's Dental Health Month

Parents are a child’s first teach-
ers in life and they play a sig-
nificant role in maintaining their child’s overall health. In obser-
vance of National Children’s Den-
tal Health Month, the Academy of General Dentistry (AGD) encour-
ages parents to introduce good oral health habits to their children during infancy.

According to the U.S. Centers for Disease Control and Preven-
tion, 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 teeth erupt. Dur-
ing this initial visit, a dentist will be able to examine the develop-
ment 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-
tle tooth decay, which is caused by the long-term exposure such as teething irri-
tations, gum disease and pro-
longed 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 you may begin to rub a tiny dab of tooth-
paste on the child’s gums. Doing so will help the child become accustomed to the flavor of tooth-
paste.

• As soon as the first teeth come in, begin brushing them with a small, soft-bristled toothbrush and a pea-sized dab of fluoride tooth-
paste.

• Help a young child brush at night, which is the most impor-
tant time to brush, due to lower salivary flow during sleep and higher susceptibility to cavities and plaque.

• By approximately age 5, a
can learn to brush his or her teeth with proper parent
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
your teeth teaches the importance of good oral hygiene.”

Children, like adults, should see the dentist every six months. Some dentists may schedule interim vis-

its for every three months when
the child is very young, to build the child’s comfort and confidence

levels or for treatment needs. For more tips to ensure a child has good oral health, visit www.

knooyourteeth.com.

About www.knooyourteeth.com

www.knooyourteeth.com is the

Academy of General Dentistry’s (AGD) source of consumer infor-
mation on dental care and oral health.

Its goal is to provide reliable information in a format that is easy
to use and navigate, and to provide the tools that will help consumers of all ages to care for their teeth and other aspects of oral care.

www.knooyourteeth.com an-
swers important dental health questions, offers the latest infor-
mation on current dental treat-
ments and tips for first-rate oral hygiene, and can help visitors find qualified dentists near where they live or work.

(Photograph/Baiban Balaban, Dreamstime. com)
Cl

The system is composed of the following products:

- Oral-B ProfessionalCare SmartSeries 5000 Electric Toothbrush with oscillating-rotating technology, and SmartGuide, which encourages compliance.
- Oral-B Glide Pro-Health Clinical Protection for Professionals Floss, the most advanced Glide Floss.
- Crest Pro-Health Clinical Gum Protection Toothpaste with stabilized stannous fluoride.
- Crest Pro-Health Multi-Protection Rinse with CPC that kills 99 percent of germs.

To learn more about the system, visit www.dentalcare.com/clinical.

References

1. Six-week clinical results with new Crest Pro-Health Clinical Gum Protection Toothpaste, new Oral-B Glide Pro-Health Clinical Protection for Professionals Floss and Oral-B ProfessionalCare SmartSeries 5000 Electric Toothbrush with SmartGuide; not included is the Crest Pro-Health Multi-Protection Rinse.

Catherine Stark, RDH, Orofacial Myologist, is a member of the ADHA and has been in private practice throughout central Florida. She is currently practicing in Ormond Beach and works with three dentists. Stark has been a big advocate for screening for oral cancer and educating the public about dental care by volunteering at local schools and health fairs that educate children and their parents.

She is a CareerFusion alumni and faculty member and seeks to help bridge the gap between dental and medical care.

You may contact her at catherine.stark312@gmail.com.

Children, like adults, should see the dentist every six months.

The system includes Crest Pro-Health Clinical Gum Protection Toothpaste, with newly balanced stabilized stannous fluoride chemistry that provides an increase in antibacterial power, resulting in our highest level of protection against plaque bacteria that cause gingivitis and helps reverse it after four weeks of regular use,” said Dr. Robert Gerlach, DDS, MPH, Research Fellow, P&G Worldwide Clinical Investigations.

With this system for gingivitis, we have found in a clinical study an extraordinary 95 percent reduction in the number of bleeding sites after six weeks of treatment when compared to a control group that used regular anti-cavity toothpaste and a soft manual toothbrush after a dental prophylaxis at baseline.1

“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.

The system of care appointments in three-month intervals have been found to be effective in maintaining the established gingival health.2 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.3


3. Stark has been a big advocate for screening for oral cancer and educating the public about dental care by volunteering at local schools and health fairs that educate children and their parents.

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2. In laboratory tests.

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