Concepts and Techniques of Oral Hygiene
Identify proper concepts and techniques of oral hygiene with 70% accuracy

(1) Review Patient Record
(2) Receive and Seat Patient
(3) Perform Hypertension Screening
(4) Position Patient for Procedure
(5) Operator Position
(6) Screening Exam
(7) Use of Compressed Air
(8) Disclosing
(9) Health Care Instructions (HCI)
(10) Basic Oral Hygiene Devices
(11) Brushing Methods
(12) Flossing
(13) Additional Cleansing Items
(14) Dentifrices and Fluoridated Agents
(15) Dental Implants
Given necessary materials; demonstrate approved concepts and techniques of oral hygiene on a fellow classmate.

IAW Performance Checklist J3ABR4Y031 003-IV-8b

- (16) Safety and Operational Checks
- (17) Infection Control
- (18) Receive and Seat Patient
- (19) Perform Hypertension Screening
- (20) Perform Screening Exam (wear proper PPE)
- (21) Health Care Instructions (HCI)
- (22) Plaque Removal
- (23) Application of Anticariogenic Agents
- (24) Dismiss Patient
- (25) Post operative Procedures
Review Patient Record

(a) Purpose - Ensures familiarity with health history prior to seating patient

1. Current Health Histories
2. Past health histories
3. Review most current x-rays
(b) Certifies currency of patient information

1. Rank and unit up to date
2. Record correctly filled out, front and back
Receive and Seat Patient

- (a) Establish rapport
- (b) Drape patient and place safety glasses
Perform Hypertension Screening

- (a) Blood pressure - force of blood exerted against walls of arteries
- (b) Follow existing protocol for B/P
- (c) Record on appropriate forms
Position Patient for Procedure

- (a) Supine position lying on their back
- (b) Chair back level and parallel with floor
- (c) Patient is requested to slide up until head is at the upper edge of headrest
- (d) Lower or raise total chair until field of operation (patient’s mouth) is at provider’s elbow level (slightly lower than heart)
- (e) Light directed into oral cavity
Operator Position

(a) Working posture

1. Seated with height of chair adjusted to allow feet flat on floor
2. Thighs parallel with floor
3. Back straight and relatively erect
(b) Areas of operator position

1. The right-handed operator is positioned between 7:30 and 12:00
2. The left-handed operator is positioned between 12:00 and 4:30
3. Have patient move head when necessary during treatment
   a. Right or left, chin up or down
   b. Reduces operator fatigue
Operator Position (cont.)

- (c) Primary objective of proper operator positioning and seating
  1. Operator visibility is the most important objective
  2. Readily and adequately see all procedures
  3. Reduces fatigue
Screening Exam

(a) Purpose- determine the status and needs of the patient

(b) Examination- all hard and soft tissues to recognize deviations from the norm

(c) Referrals- if any inflammation or lesions are present,
   1. Request a dentist evaluate, examine hard and soft tissues
   2. Dentist will treat or complete all referrals if necessary
Use of Compressed Air

(a) Purpose

1. Will clear saliva and debris and/or dry the tooth surface so that
   a. Tissue will be deflected
   b. Calculus can be detected
      1. Chalky in color
      2. Presents a contrast to the tooth
2. Dry area for finger rest to provide stability
3. Dry tooth surfaces for application of caries preventive agent
Use of Compressed Air  (cont.)

(b) Technique

1. Make controlled, relatively short, gentle applications of air
2. Use controlled steady stream of air directed into sulcus to deflect gingiva to check for subgingival calculus
3. Supplement air drying with use of the saliva ejector and folded gauze placed under tongue
Use of Compressed Air  (cont.)

♦ (c) Cautions

♦ 1 Exposed dentin or carious lesions - may be sensitive

♦ 2 Forceful applications of air may cause debris in the mouth to contaminate working area and/or operator

♦ 3 Avoid air directed down oropharynx

♦ 4 Watch positioning of gauze for possible gag response, swallowing or aspiration of gauze
Disclosing

- (a) Disclose patient- areas of plaque will appear darker than surrounding areas
- (b) Relate plaque to periodontal disease
  - 1. Goal is to disrupt plaque/prevent periodontal disease
  - 2. Supragingival disruption/prevents gingivitis (toothbrush)
  - 3. Subgingival disruption/prevents periodontitis (floss)
Health Care Instructions (HCI)

(a) Counselings should include

1. Self-evaluation methods
2. Plaque accumulation areas
3. Plaque control techniques
   a. Proper brushing
   b. Proper flossing
4. Importance of retaining natural dentition
Health Care Instructions (HCI) (cont.)

- **5** Adjunctive oral hygiene devices
- **6** Cariogenic qualities of food
- **7** Problems associated with the use of tobacco
  - (Smoking cessation classes/programs are available to help stop smoking)
- **(b)** Motivate patients through education
Health Care Instruction (HCI)
(cont.)

- (c) Tailor counseling to patient’s needs
  - 1. Listening to your patient is the key to developing your HCI
  - 2. Assess patient’s skills and understanding
  - 3. Suggest changes - techniques patient can use
  - 4. Help patient set goals
  - 5. Provide positive feedback
  - 6. Patient’s responsibility - Establish good oral hygiene practices
Counseling Pitfalls

1. Unmotivated counselor rarely has a motivated counselee
2. People don’t always do what is in the best interest of their oral health
Basic Oral Hygiene Devices

❖ (a) Disclosing agents-used to identify plaque because it is colorless/invisible in nature

❖ (b) Toothbrush-primary tool in removal of dental plaque
   ✦ 1 Soft, single tufted or multitufted bristles
   ✦ 2 ADA approved

❖ (c) Floss
   ✦ 1 Waxed
   ✦ 2 Unwaxed
Brushing Methods

(a) Bass technique

1. Most commonly used
2. Removes plaque from sulcus
3. Method
   a. Bristles point 45 degrees toward gumline (apically)
   b. Pressing lightly, brush back and forth using short strokes (count to ten for each position)
   c. Vibrate the brush back and forth with very short strokes
Brushing Methods (cont.)

- d  Continue throughout mouth until all areas are brushed (overlap at least one tooth for each placement)
- e  Anterior lingual- brush inserted vertically, bristles of heel or toe are placed at the sulcular area and vibrated slightly
- f  Occlusal surfaces- short back and forth strokes over occlusal surface
Cleaning the Tongue - ideal location for bacterial plaque and food to collect

1. Method - instruct patient to brush tongue using a sweeping motion. Don’t scrub the papilla.
2. Results - removes deposits causing odors.
3. Gagging may be minimized by displacing the tongue as little as possible.
Flossing

- (a) Cleans proximal surface, down to sulcus
- (b) Use 18 inches of floss, with 1/2 inch between fingers/thumb
- (c) Using proper flossing techniques, floss each tooth being careful not to damage the epithelial attachment
Additional Cleansing Items - required for patients with special needs

- (a) Floss threaders
- (b) Floss holders
- (c) Super floss
- (d) Yarn
- (e) Proxabrush
- (f) Oral irrigation devices
- (g) Modified tooth brushes
- (h) Stim-u-dent
- (j) Anti-microbial rinses
Dentifrices and Fluoridated Agents

(a) Additional products that may be recommended based on patient’s needs

(b) Dentifrices

1. Anticariogenic- toothpaste with fluoride active ingredients: sodium monofluorososphate (MFP), sodium fluoride (NaF)
Dentifrices (cont.)

2. Desensitizing - used to alleviate dentinal sensitivity
   a. Some common causes; Toothbrush abrasion, erosion, gingival recession, defective restorations, caries
   b. Chronic dentinal sensitivity should be referred to a dentist

3. Never recommend specific brand names; recommend ADA approved products
Fluoridated Agents

1. Consult with doctor about status of fluoridation of water and the need for fluoridated agents
2. Fluoride supplements- prescribed by a dentist
3. Fluoride mouth rinses- available over the counter or by prescription
4. **Caution**- make patients aware that excessive ingestion of fluoride may cause discoloration of teeth and/or illness
Dental Implants

(a) Rapidly becoming an important component of modern dentistry as a therapeutic means of providing support for missing teeth

(b) Patient selection- presently doing only selected implant cases

1. Patients need to be in good health medically for body to accept implant

2. Patient cannot be a poor risk candidate
Dental Health Procedures

1. Professional plaque and calculus removal techniques
   - Plastic or teflon scalers such as Noblepharma or Wiz-stick scalers
   - Peridex may prove beneficial in instances of inadequate plaque control and associated gingivitis
Dental Health Procedures (cont.)

2 Cleaning devices that are not indicated
   1. Metallic instruments of any kind (prophy instruments especially)
   2. Ultrasonic/sonic scalers and Cavijets
   3. Prophy cup/brush either with or without paste

3 Home care products that are indicated
   a. Soft toothbrush
   b. Toothpicks and stimudents
   c. Orange wood sticks
   d. 4 x 4 gauze
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