



**Caring for the  
Periodontal Patient.  
Strategies for Optimum  
Outcomes in Private Practice**

**Friday | March 19 | 2021**

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# Caring for the Periodontal Patient

## Strategies for Optimum Outcomes in Private Practice

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 WVAGD Meeting March 19, 2021

### Objectives

- Discuss periodontal assessment and the new AAP Classification System of Periodontal and Peri-implant Diseases and Conditions
- Identify the role of biofilm and periodontal pathogens in patient treatment protocols and discussions
- Examine the oral/systemic link as it impacts to periodontal diseases and therapy
- Planning evidence-based treatment decisions related to nonsurgical periodontal therapy
- Empowering Dental Hygienist's to lead in the assessment and treatment of periodontal conditions
- Provide guidelines on when to refer patients and when to treat patients in general private practice settings

### Dental Hygienists

- *Confident in Decision Making*
- *Empowered to Provide Optimum Care*
- *We can Make a Difference*

### Dental Hygiene Process of Care ADPIED



### Paradigm Shift...



### Words Matter

How do we present ourselves to our peers, employers and other healthcare professionals? What language do we use?

- ❖ Cleaning vs Dental Hygiene Care or Periodontal Therapy
- ❖ Hygiene Check vs Dental Exam and Diagnosis
- ❖ Medical History vs Health History

*"Language is the blood of the soul into which thoughts flow and out of which they grow - speak clearly, if at all; carve every word before you let it fall."*

~Oliver Wendell Holmes

## *“Your work is life-saving”*

Amy L. Doneen, ARNP

Co-Founder of The BaleDoneen Method

Beat the Heart Attack Gene: The Revolutionary Plan  
to Prevent Heart Disease, Stroke, and Diabetes



## Oral Biofilms and Periodontal Pathogens

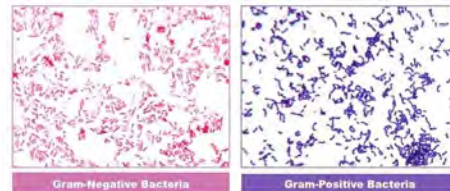
## Characteristics of Bacteria

### Bacteria

- Bacterium—singular form of the word bacteria
- Cell membrane—a tough protective layer that encloses nearly all bacteria.



## Gram Staining



Gram-Negative Bacteria

Gram-Positive Bacteria

## Where can we find Bacteria?

- Almost everywhere
- Very adaptable and durable
- Always present on the skin and in digestive tracts and respiratory systems of humans



## How do Bacteria Behave and Live?

Free-floating bacteria



Attached bacteria



## Biofilm Environments



## Biofilms are Medically Significant



## Oral Biofilm Formation

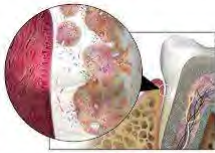
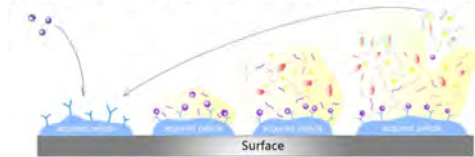


Figure 3. Biofilms lodge in the crevices around the teeth both above and below the gingival margin. Accumulation of dental plaque biofilm can result in dental caries and periodontal disease. (Figure copyright 2016 Keith Kasrot, MA, CME, KAMM.)

## Stages of Biofilm Development

1. Acquired pellicle formation
2. Initial adhesion
3. Coaggregation
4. Maturation and diffusion



## Subgingival Biofilm



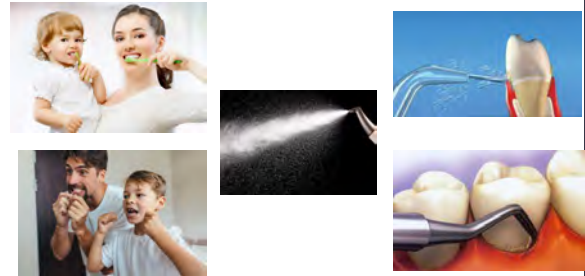
## The Transmission of Periodontal Pathogens



### Biofilm Bacteria are Resilient



### Mechanical Removal of Biofilm is Critical



### Evolution in the Role of Bacteria



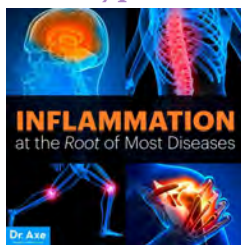
- Nonspecific Plaque Hypothesis
- Specific Plaque Hypothesis

### Socransky Microbial Complexes

- Colors are assigned based on the association with health or disease.
- Yellow and green complexes are early colonizers that are believed to be compatible with gingival health.
- The orange and red complexes are thought to be major etiologic agents of periodontal disease.



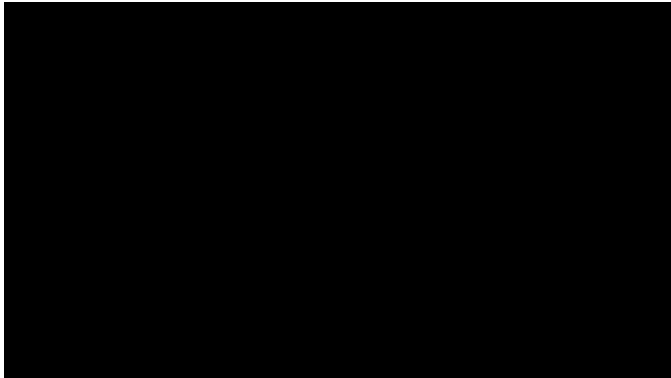
### Paradigm Shift Microbial Homeostasis-Host Response Hypothesis



### Periodontal Pathogen—Truly Disease Causing?

### Commensal Organisms





# The Oral Systemic Connection

## Take a Fresh Look at Dental Hygiene Care

## Oral Systemic Connection is Not New

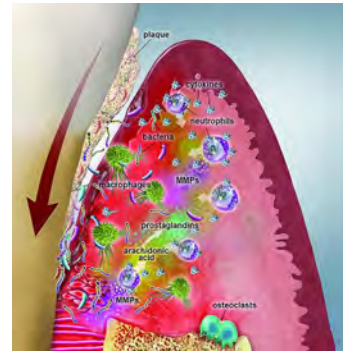
## Current Emerging Evidence Support

## Incidence of Periodontal Disease in the US

### Associations Between Periodontal Infections and Adverse General Health Outcomes

- Coronary Heart Disease (Atherosclerosis)
- Ischemic Stroke
- Diabetes Mellitus Type 2
- Adverse Pregnancy Outcomes
- Neurological Diseases
- Pulmonary Diseases
- Gastrointestinal Disease and Related Cancers

### It All Begins With the Periodontal Pathogens



### Bleeding Upon Probing

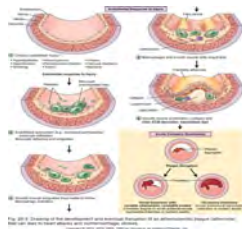


### Coronary Heart Disease (Atherosclerosis)

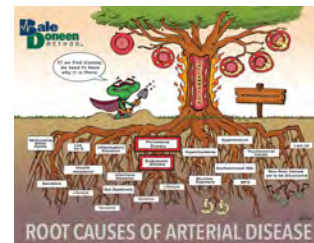


### Development of Atherosclerosis What Causes A Heart Attack ? A Thrombosis

Darby ,2015



### Recent Evidence Supports PD Is a Causal Risk Factor for Arterial Disease





## Bale and Doneen Paper 2016

**Review**  
**High-risk periodontal pathogens contribute to the pathogenesis of atherosclerosis**  
 Bale M, Doneen B, Jorgensen T, et al. *Journal of Periodontology*. 2016;87(1):1-11.  
 Abstract  
 Periodontal disease (PD) is generated by microorganisms. These microbes can enter the general circulation during a bacteremia. The result can be adverse systemic effects, which could promote conditions such as cardiovascular disease. Type 2 diabetes mellitus (T2D) is independently associated with arterial disease. PD is a common chronic condition affecting the majority of Americans 50 years of age and older. Atherosclerosis remains the largest cause of heart rate disability. Modern evidence for the adverse cardiovascular effects from PD are due to a the p-*Porphyromonas* or high-risk bacteria. Aggregatibacter actinomycetemcomitans (Aggregatibacter) is a Gram-negative bacterium. It is a common cause of periodontitis. It is also associated with atherosclerosis. There are three accepted potential mechanisms by which periodontal pathogens cause atherosclerosis: endothelial permeability and binding of lipoproteins in the arterial intima. There is scientific evidence that PD caused by high-risk pathogens can influence the pathogenesis of atherosclerosis. With this information, it is necessary to take PD as a high-risk pathogen. It is a contributing cause of atherosclerosis. Identifying the type of PD as causal provides a valuable opportunity to reduce arterial disease.  
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## Myocardial Infarction and Ischemic Stroke



## Diabetes Type 2

Diabetes is the  
**7th**  
 leading cause of death  
 in the U.S.

## Incidence of Type 2 Diabetes

**9%**  
 of the U.S. population  
 has diabetes

## Periodontitis and Diabetes A Two-Way Relationship

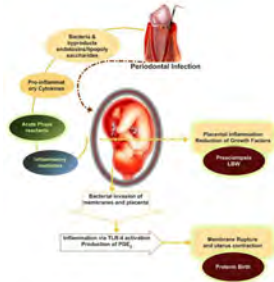
- Diabetes increases the risk of periodontal disease
  - Patients with poor glycemic control are more susceptible to infections, like PD
  - Patients with poor glycemic control have more severe periodontal disease
- Periodontal disease exacerbates the severity of DM2
  - Periodontal pathogens may cause the increase of insulin resistance and glucose intolerance causing glycemic control to be more difficult to achieve
  - Periodontal therapy may lower A1c by .04% or the equivalent of 1 additional medication
- Diabetic patients with periodontal disease are more likely to suffer from more severe complications related to neuropathy and kidney disease

## Adverse Pregnancy Outcomes





## Biological Pathway of PD and Adverse Pregnancy Outcomes



## AAP Statement on Periodontal Health and Pregnancy

“Women who are pregnant or planning pregnancy should undergo a periodontal examination. Appropriate preventive and therapeutic services should be provided. Preventive oral services should be provided as early as possible. However, women should be encouraged to achieve a high level of oral hygiene prior to becoming pregnant and during their pregnancy.”

## Pulmonary Diseases and Periodontal Disease



## Respiratory Infections and Diseases

- Aspiration Pneumonia
- Ventilator-associated Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD)

## Neurological Diseases



### PERIODONTAL DISEASE BACTERIA LINKED TO ALZHEIMER'S DISEASE

Periodontal experts stress the importance of gum health in older adults and other at-risk groups.

**CHICAGO – JANUARY 28, 2019** – A recent study has periodontitis, reports in the treatment, diagnosis, and prevention of periodontal disease, encouraging patients to maintain gum health in an effort to reduce their Alzheimer's disease risk.

The study, published in the *Journal of Science Advances*, uncovered a potential link between *P. gingivalis*, the bacteria associated with periodontal disease (commonly known as gum disease) and Alzheimer's. Researchers analyzed brain tissue, spinal fluid, and saliva from Alzheimer's patients—both living and deceased—and found evidence of *P. gingivalis* long-chain, the toxic enzyme secreted by *P. gingivalis*, were found in 91 percent of the 13 brain tissue samples examined, with higher levels detected in those with the pathology and symptoms of Alzheimer's disease.

## Gastrointestinal Diseases



### GI Disease

- Helicobacter pylori – well established this pathogen is associated with chronic gastritis and peptic ulcers
- Oral cavity and oral biofilm may be the perfect reservoir for H pylori
- Lack of adequate biofilm removal may be one of the causes of reinfection of the stomach with H pylori

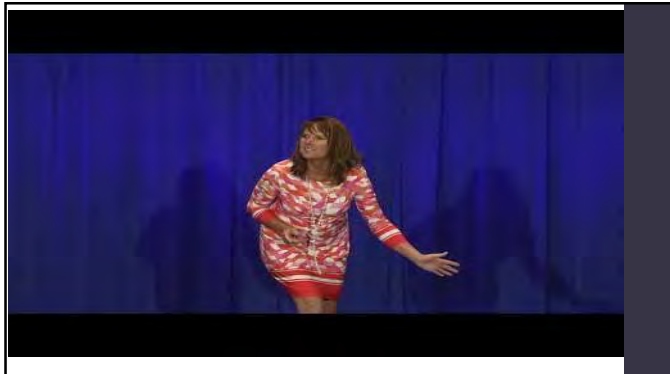
### Cancers

- Pancreatic cancer and lung cancer have been linked with periodontal Disease due to epidemiological association
- Oral Cancer and oropharyngeal cancer studies have found association with periodontal disease pathogens

### Health Hygienists are Health Care Providers




### Take that Fresh Look on Monday Morning



### Dental Hygiene Process of Care for the Periodontal Patient

## You ARE...



Change agent

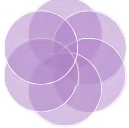
Provider

Planner


Thinker

Educator

Detective




## Dental Hygiene Process of Care ADPIED




## Assessment ADHA Dental Hygiene Practice

- Health History
- Visual Examination
  - Intraoral soft tissues
  - Intraoral hard tissues/teeth
  - Gingival health
  - Extraoral soft tissues
- Periodontal Charting
  - Probing/Bleeding on Probing
  - Clinical Attachment Level
  - Furcation, Mobility, MGJ, Suppuration, GM
- Oral Cancer Exam/Risk Factors (extraoral/intraoral)
- Dental Charting
- Periodontal Risk Factors
- Caries Risk Factors
- Radiographs
- Other diagnostics



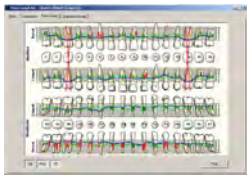
## Periodontal Risk Factors

- Smoker/Smokeless Tobacco User
- Diabetes
- Biofilm Removal Issues
- Faulty Restorations
- Calculus/Rough Surfaces
- Malocclusion
- Systemic Disease
- Genetics
- Medications

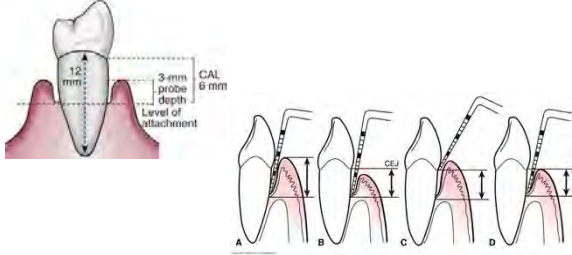


## Periodontal Charting

- Probing Depths
- Recession/Gingival Margin
- Clinical Attachment Loss/Level
- Furcation
- Mobility
- Bleeding
- Suppuration
- Mucogingival Involvement




## Periodontal Probing Depths/CAL




## Root Anatomy

- Instrumentation
- Clinical Attachment Loss
- Bone Level
- Furcation Involvement




## Furcation Involvement


### Furcation Classification



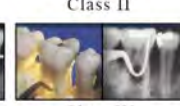
Class I



Class II




Class III



Class IV

## Mobility



Miller Index  
 Assess with the blunt end of two instruments

- N – normal, physiologic
- 1 – slight mobility, greater than normal
- 2 – moderate mobility, greater than 1 mm displacement
- 3 – severe mobility, moves vertically and is depressible in the socket

## Mucogingival Defects









## Bleeding on Probing










## Preliminary Diagnosis of Periodontal Diseases



## Dental Hygiene Diagnosis

In collaboration with the employer dentist...

- ASA
- AAP/ADA Perio
- CAMBRA
- Other??

## Periodontal Health

Absence of clinically detectable inflammation

Who?  
YOU?

Assessment results dictate and prove....YES or NO

## ADA Case Types

ADA Classification	Diagnosis → Therapy Protocol
<b>Type I</b> <b>Gingivitis</b> <ul style="list-style-type: none"> <li>• Absence of attachment loss</li> <li>• Bleeding on probing may be present</li> </ul>	
<b>Type II</b> <b>Early Periodontitis</b> <ul style="list-style-type: none"> <li>• Pocket depth or attachment loss 3-4mm</li> <li>• Bleeding on probing from the pocket</li> <li>• Localized area of gingival recession</li> <li>• Possible grade I furcation involvement</li> </ul>	
<b>Type III</b> <b>Moderate Periodontitis</b> <ul style="list-style-type: none"> <li>• Pocket depth or attachment loss 4-6 mm</li> <li>• Bleeding on probing</li> <li>• Grade II or III furcation involvement</li> <li>• Class I mobility</li> </ul>	
<b>Type IV</b> <b>Advanced Periodontitis</b> <ul style="list-style-type: none"> <li>• Pocket depth or attachment loss ≥ 6 mm</li> <li>• Bleeding on probing</li> <li>• Grade III or IV furcation involvement</li> <li>• Class II or III mobility</li> </ul>	
<b>Type V</b> <b>Refractory &amp; Juvenile Periodontitis</b> <ul style="list-style-type: none"> <li>• Periodontitis not responding to conventional therapy or which recurs soon after treatment</li> <li>• Juvenile forms of periodontitis</li> </ul>	

## American Academy of Periodontology – Before 2018

Healthy

Periodontal Disease

- Gingivitis
- Chronic Periodontitis (replaced Adult)
- Aggressive Periodontitis (replaced early onset)
- Other...Systemic Disease related; NUP; Abscesses; Endo related; Developmental or Acquired deformities and conditions

## AAP/EFP 2017 World Workshop

American Academy of Periodontology  
European Federation of Periodontology

Classification of Periodontal & Peri-implant Diseases and Conditions



## Gingivitis

Clinical diagnosis based on:

- Erythema, edema, pain upon manipulation, bleeding and loss of function
- Limited to gingival structures only; no bone/attachment loss

### HEALTH

- Gingival health on an intact periodontium
- Gingival health on a reduced periodontium
  - Stable periodontitis patient
  - Non-periodontitis patient (recession, crown lengthening)

### DISEASE

- Gingivitis on intact periodontium
- Gingivitis on a reduced periodontium in a non-periodontitis patient (recession, crown lengthening)
- Gingival inflammation on a reduced periodontium in a successfully treated periodontitis patient (recurrent periodontitis cannot be ruled out)

## Gingivitis statements

Bleeding on probing should be the primary parameter to set thresholds for gingivitis

A patient with gingivitis can revert to a state of health, but a periodontitis patient remains a periodontitis patient for life, even following successful therapy, and requires life-long supportive care to prevent recurrence of disease

## Periodontitis

- Three Forms of Periodontitis
  - Necrotizing Periodontitis
  - Periodontitis as a manifestation of Systemic Disease
    - Independent of dental plaque biofilm-induced periodontitis
  - Periodontitis (formerly chronic and aggressive)
- Mucogingival Conditions
  - Recession (gingival phenotype and exposed root surfaces)
- Prosthesis & Tooth Related Factors
- Peri-implant Mucositis
  - BOP and visual inflammation dental plaque biofilm induced
- Peri-implantitis
  - Dental plaque biofilm induced progressive loss of bone

## Periodontitis statements

Some clinical conditions other than periodontitis present with clinical attachment loss

Periodontitis definitions based on marginal radiographic bone loss suffer from severe limitations as they are not specific enough and miss detection of mild to moderate periodontitis

Clinical Attachment level measurement with CEJ reference is preferred

## Staging and Grading Periodontitis

- Three Steps
  - Initial Case Overview/Screening
    - radiographs, probing depths, missing teeth, bone loss, angular bony defects, furcations, mobility, CAL
  - Staging (I, II, III)
    - Severity, Complexity, Extent and distribution
  - Grading (A, B, C)
    - Primary criteria
    - Grade modifiers

## Periodontitis Staging

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may contribute to the complexity of long-term case management

- Stage I
- Stage II
- Stage III

## Periodontitis Grading

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on system health

Allows the clinician to incorporate individual patient factors in to diagnosis and subsequent treatment

- Grade A – Slow rate
- Grade B – Moderate rate
- Grade C – Rapid rate

### Staging and Grading Periodontitis

The 2017 World Workshop for the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis, moving from a descriptive staging and grading system. The chart below provides an overview of the new 2017 Periodontitis Staging and Grading System. For additional information, see [www.park.org/2017/News](http://www.park.org/2017/News).

**PERIODONTITIS: STAGING**

Staging aims to identify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may influence the complexity of long-term care management.

When stage classification is determined, stage classification (Stage I, II, III, or IV) is made, with the most severe stage being the highest stage possible. Each stage is associated with a specific range of risk factors for a higher and/or lower stage. See [www.park.org/2017/News](http://www.park.org/2017/News) for additional information.

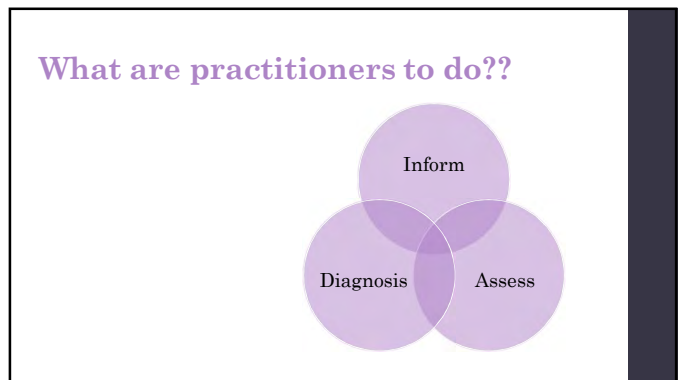
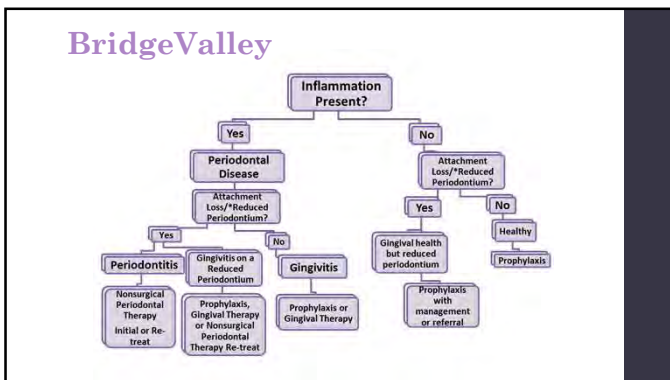
Periodontitis	Stage I	Stage II	Stage III	Stage IV
<b>Interdental CAL (or other periodontal test)</b>	1-2 sites	3-4 sites	5 sites	6 sites
<b>Severity</b>	Minimal tooth loss	Current tooth loss (20% - 30%)	Extensive tooth loss (30% or more)	Extensive tooth loss (30% or more)
<b>Tooth loss (other periodontal test)</b>	0-4 mm sites	4-5 mm sites	5-6 mm sites	6-7 mm sites
<b>Local</b>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>
<b>Complexity</b>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>
<b>Extent and distribution</b>	Add to stage as description	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>	<ul style="list-style-type: none"> <li>1-4 sites with 3 mm or greater depth</li> <li>1-4 sites with 4 mm or greater depth</li> <li>1-4 sites with 5 mm or greater depth</li> </ul>

### PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Grading aims to identify those grade B disease with more specific evidence to shift to grade A or C. See [www.park.org/2017/News](http://www.park.org/2017/News) for additional information.

Primary criteria	Progression	Grade A Slow rate	Grade B Moderate rate	Grade C Rapid rate
Direct evidence of progression	Reduction of 1 mm or less in CAL	10 mm over 5 years	12 mm over 5 years	13 mm over 5 years
Indirect evidence of progression	10 mm over 1 year	+0.25	0.25 to 0.4	+0.5
Case phenotype	Primary (tooth) deposits with low levels of destruction	Secondary (tooth) deposits with moderate levels of destruction	Disruption of periodontium with moderate levels of destruction	Disruption of periodontium with severe levels of destruction
<b>Grade modifiers</b>	Risk factors	Smoking	Non-smoker	100 cigarettes/day
		Diabetes	Diabetes (HbA1c > 7.0%) in patients with diabetes	HbA1c > 7.0% in patients with diabetes



## Empowering Dental Hygienist's to lead in the assessment and treatment of periodontal conditions

### Periodontal Disease

- According to recent findings from the Centers for Disease Control and Prevention (CDC), half of Americans aged 30 or older have periodontitis. This equals approximately 64.7 million Americans.
- Periodontal disease is a chronic inflammatory disease that affects the gum tissue and bone supporting the teeth, according to the American Academy of Periodontology (AAP).
- If left untreated, periodontal disease can lead to tooth loss. Research has also shown that periodontal disease is associated with other chronic inflammatory diseases, such as diabetes and cardiovascular disease.



## Ask Yourself These Questions

• What % of my patients have 4mm+ bleeding pockets?

- New Patients \_\_\_\_\_
- Recall Patients \_\_\_\_\_

## Determine Your Periodontal Percentage

### inspiredhygiene

#### Perio Percentage Calculator

*Instructions:*

1. Print a Production by Procedure Report
2. Determine the total number of procedures for the above codes
3. Enter those numbers in the appropriate yellow box
4. View your perio percentage



Scaling & Root Planing (D4341 + D4342)	296
Perio Maintenance (D4910)	688
Adult Prophy (D1110)	1,619
Perio Percentage	34%

#### Interpreting Your Perio Percentage

If your percentage is below 15%, then your perio program needs immediate attention. Most of your patients are receiving prophies and there is a good chance that there is a lot of untreated periodontal disease among your patient base. A low perio percentage is one indicator that it is time to evaluate the quality of diagnostic care occurring in hygiene. The 1st step to increasing perio treatment is making the diagnosis. This is of course a team effort between the hygienist and the doctor. The hygiene team collects all the data and educates the patient and the doctor confirms the findings and makes the diagnosis.

If your percentage is between 20 and 30%, you are doing better than most practices. Perio maintenance also keeps perio percentage at a healthy level so be sure that all patients that are enrolled in active therapy are aware of and committed to ongoing maintenance. If you are at this level, take a look at the perio program and see where you could shore up a few systems to increase enrollment and take it to the next level.

If your perio percentage is over 30-40%, you are delivering a very high level of quality care and should be very proud of this accomplishment. Continue to review your protocol at least twice a year to be sure you are on the cutting edge with techniques and adjunctive services.

## Periodontal Percentage

- 25-30% of your hygiene procedures should be periodontal therapy and maintenance procedures. According to CDC, 47.2% of American adults and 70.1% of senior citizens suffer from periodontal disease.
- Periodontal care not only helps to increase profit of your hygiene department, it also measures how well your department is identifying active disease.
- If your perio percentage is low, it is most likely that early stages of periodontal disease is being treated as a prophy.

## Periodontal Classifications

Based on AAP 2017 Perio Classification accessed at [perio.org](http://perio.org)

#### Healthy

- 1-3mm
- No bleeding
- No bone loss
- Treatment: Prophy

## Periodontal Classifications

Based on AAP 2017 Perio Classification accessed at [perio.org](http://perio.org)

### Gingivitis

- Bleeding easily on probing and/or exploring on 15+ sites
- Periodontal probing measurements up to 3mm
- No bone loss evident on radiographs
- **Treatment:** Scaling in the presence of generalized mod-severe gingivitis and/or prophy

## Periodontal Classifications

Based on AAP 2017 Perio Classification accessed at [perio.org](http://perio.org)

### Beginning of Periodontal Disease

- Bleeding easily on probing and exploring
- Periodontal probing measurements up to and including 4mm
- Slight bone loss evident on radiographs
- No furcation involvement
- **Treatment:** Localized scaling and root planning, laser therapy

## Periodontal Classifications

Based on AAP 2017 Perio Classification accessed at [perio.org](http://perio.org)

### Moderate Periodontal Disease

- Bleeding easily on probing and exploring
- Periodontal probing measurements up to and including 5mm
- Slight-moderate bone loss evident on radiographs
- Possible Class I furcation involvement
- **Treatment:** Scaling and root planning with antibiotic therapy, laser therapy

## Periodontal Classifications

Based on AAP 2017 Perio Classification accessed at [perio.org](http://perio.org)

### Advanced Periondontal Disease

- Bleeding easily on probing and exploring
- Periodontal probing measurements 6mm or greater
- Severe bone loss evident on radiographs
- Possible Class I, II, III furcation involvement
- Possible mobility
- Possible suppuration
- **Treatment:** Scaling and root planning with antibiotic therapy, laser therapy, referral to periodontist

## Health vs. Disease

- It is easy to get caught up providing routine treatment and not taking the time to asses the patients periodontal health thoroughly.
- Many times we are treating and calling it a "difficult prophy".
- A prophylaxis is meant to be a preventive procedure. It is not to be used for treatment of gingivitis or periodontitis.
- Everyone loses here: the patient, hygienist, doctor, team.
- Too many times treatment is being provided with no discussion, no charge, and no understanding by the patient of the disease developing in their mouth.

## Periodontal Examination

- A comprehensive periodontal probing must be completed on all NEW AND EXSISTING patients once a year.
- Written documentation of periodontal condition, as well as 6 point probing, is the foundation of comprehensive care
- Recording bleeding, recession, mobility, and furcation.
- To ensure that periodontal recording is consistent, all hygienists in the practice must use the same periodontal probing instrument and technique.

## Slide 95

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**RP1** Do you find yourself running behind, stating to "recheck area next visit", up to your elbows in blood, etc.

Regan Parsons, 11/3/2019

## Rachel Walls 3 P's

- **Prep:** Explain what you are doing
- **Probe:** Call probing depths out loud, including bleeding on probing
- **Present:** Inform patient what is going on, print chart in color, sit them up, circle areas of infection

## Prep

- "Ms. Parsons, I will be assessing your periodontal health today. I will be measuring the bone level and tissue around each tooth. You will hear me calling out some numbers. 1-3mm are normal and healthy gums do not bleed. Anything higher than 3mm, we are concerned with. 4mm= inflammation. 5mm+= bone loss. Typically this procedure is not uncomfortable unless the tissue is unhealthy. Listen carefully so that we can review and discuss the readings along with your radiographs when I finish the exam. Do you have any questions?"

## Present

- Sit patient up
- Explain in detail
- Print periodontal chart in color, circle areas of infection
- Show patient periodontal chart on screen in front of them
- Show bone level on radiographs
- Use literature and/or teaching aids

## Scripts

- Develop a script that works for you and your team members
- Develop scripts for NEW PATIENTS and EXISTING PATIENTS for gingivitis therapy, scaling and root planning, and periodontal maintenance.
- **Being able to communicate with patients is key for success**

- **Believe** in what you are recommending to your patients
- Be **excited** about the results
- Have **confidence** in your presentation skills

## Establishing A Periodontal Protocol

- Assess the periodontal health of the practice
- Have a conversation with doctors and other hygienists in the practice discussing periodontal treatment philosophy
- Develop a program with details for treatment options, fees, appointment time, insurance codes, products, etc. (Example: flow chart)
- Implement program

## Ask Yourself These Questions

How healthy are your patients?

How healthy do you want them to be?

## Dental Hygiene Care Planning

*Includes all integrated preventive and treatment services administered to a patient by a dental hygienist.*

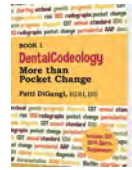


## Appointment Planning ADPIED Code based/Care based

- New adult
- New child
- Recare adult
- Recare child
- Non-surgical periodontal therapy (SRP)
- Perio maintenance
- Ortho, geriatric, medically compromised, special needs, ??

## Code Rules

- Periodontal Debridement (4355) - Evaluation only
- Scaling in the presence of gingival inflammation (4346)
- Scaling and Root Planing 2-3 teeth (4342)
- Scaling and Root Planing by quadrant (4341)
- Adult Prophy (1110)
- Periodontal Maintenance (4910)
- ADA Guide to Reporting D4346



## Presenting The Dental Hygiene Care Plan

Presenting the Plan to the Dentist

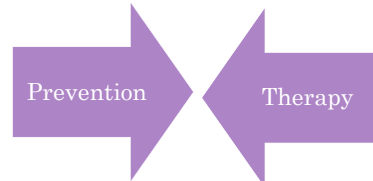
- The Handoff! What, So What, Now What?

Explaining the Plan to the Patient

- Informed Consent
- Informed Refusal
- Autonomy

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## Implementation



## Treatment Choices/Modalities

- Non-surgical Periodontal Therapy
- Gingivitis Therapy
- Guided Biofilm Therapy
- Chemotherapeutics
- Systemic Antibiotics
- OTC Products
- Ultrasonic Debridement/Deplaquing
- Hand Instrumentation
- Lasers

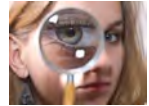
## Evaluation

Periodontal Reevaluation – 6 weeks?

Periodontal Maintenance

3,4,6 month recall

One year recall??



Patient Role is KEY

## Periodontal Reevaluation

Reevaluate care provided. Full mouth periodontal assessment. Document changes/improvement.

Ultrasonic debridement with hand scaling if needed, OHI, selective polish.

Possible site-specific use of topically delivered chemical agents in nonresponsive sites.

Establish periodontal maintenance or referral plan.

## Periodontal Maintenance

Update periodontal assessment (full mouth probing)

Ultrasonic debridement with hand scaling, VBW/PA as indicated, OHI (Antimicrobial mouthrinse, tartar control toothpaste, floss/interdental aids, toothbrush), selective polish, fluoride

Management of risk factors (tobacco, nutrition, restorative correction, malocclusion, systemic disease)

Possible site-specific use of topically delivered chemical agents

## Documentation

A written dental hygiene care plan documents all information related to each component of the formal care plan and obtained consent.

