PATIENT EXAMINATION; EVALUATION AND TREATMENT PLAN

Examination

- Treatment plan 1- treatment oriented model

  2- Problem oriented model

For uncomplicated patients

The results is merely the same

Problem oriented Model

- Systematic Review
- General health
- Problem list formulation medical history
  Dental history

- Objective of examination:
- distinguish normal from abnormal
- which abnormality need treatment

- Final step is arranging the solutions

Arranging the solutions

- Chief complaint
- Medical care
- Emergency
- Disease control
- Re evaluation
- Definitive care
- Maintenance care
- Treatment plan presentation

Arranging the solution

- Chief complaint (first – by pt. words)
- Medical (hypertension- adrenalin containing anesthesia or diabetics , prophylaxis for certain patients)
- Emergency (head and neck pain/ infection)
- Treatment plan presentation
  (pt. acceptance)
- Disease control (to arrest active disease) .
  Eg: endo tx : to arrest infection
  perio tx:to control inflammation
  restorative tx: to control caries

Re evaluation

- Definitive care (final phase

- Maintenance care

Dental history and Chief complain

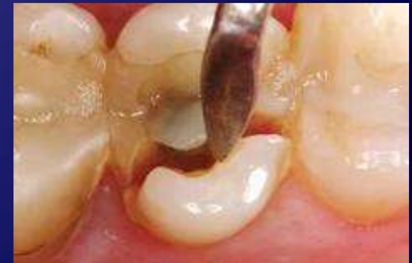
- Listen to the patient carefully

- Asking relative questions

Dental history

- Chief complain ; pt. words. Pt satisfaction
  nothing omitted
- Dental treatments (past dent. hist. =how aware the pt is)
- Symptoms related to jaws

(ques. About fractured, lost restorations ,infections, sensitivity , pain, discomfort during chewing , gingival bleeding , …)



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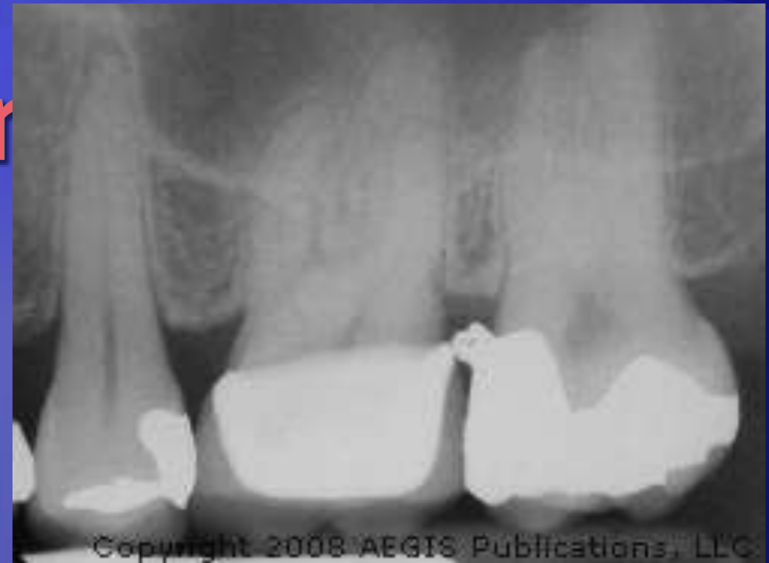


- Periodontium
- Dentition
- Occlusion

Some problem may be noted in more than one category
Eg: gum **bleeding** due to **overhang**

- 1- evaluation of the dentition

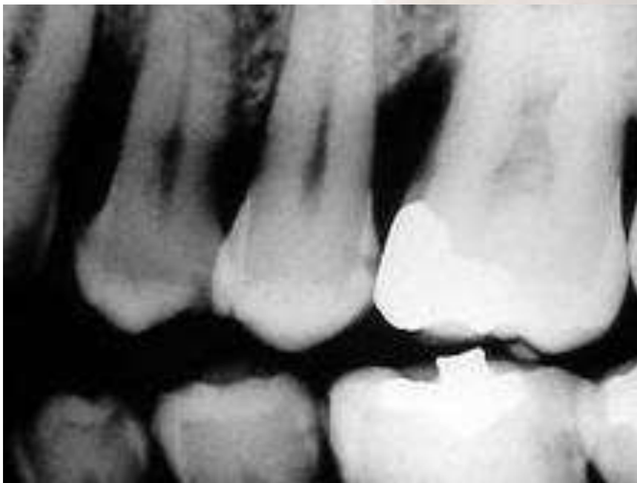
- Assessment of caries risk and plaque
- Caries detection
- Assessment of the pulp
- Evaluation of existing restoration
- Evaluation of occlusion
- Evaluation of proximal surf.
- Assessment of tooth integrity /fractures
- Evaluation of the esthetics

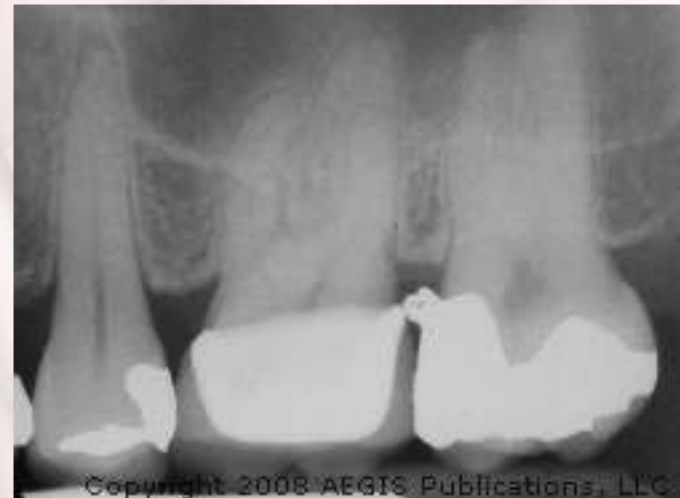
Elements of clinical examination

- 2- evaluation of the periodontium
- Assessment of disease activity
- Evaluation of structure and contour of the bony support
- Mucogingival evaluation
- Assessment of tooth mobility

Elements of clinical examination

- 3- evaluation of the Radiographs

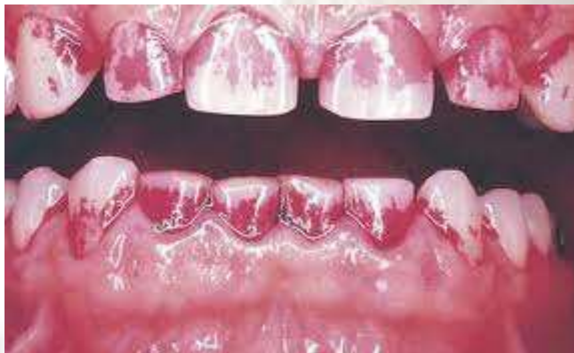


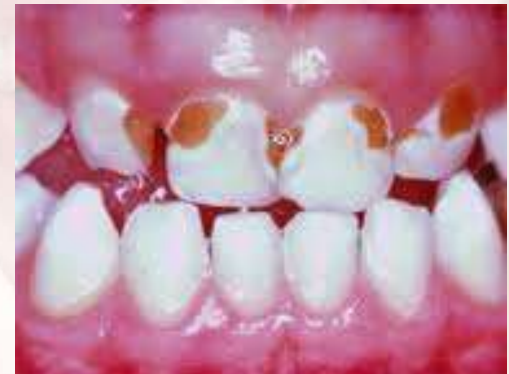


- 4- evaluation of diagnostic casts (if any)

Evaluation of the dentition

- **Caries risk/ plaque**
- Document the presence of plaque
- Pt. hygiene ability(floss and brush and re evaluate the pt)
- Existing restoration is one of the most reliable indicator of future caries activity
- 3 additional factors :





3 additional factors

1. Large number of cariogenic bacteria (colony count)
2. Frequency of sugar intake (frequency and duration of refined carbohydrate is important and ***more predictive*** than **st. mutans count**
3. Low salivary flow (0.1 – 0.2 mm/min criteria for hypo function of salivary gland

Detection of caries

1) Smooth surf.

Buccal / ling

proximal surf.

2) Pit & fissures

tactile – explorer can cause cavitation

radiographs

visualization with clean dry teeth

diagnodent

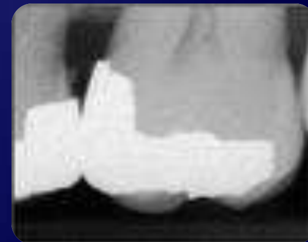
if uncertain; should be sealed with resin

Dental pulp

- If suspicious apply cold ice
  tetrafluroethane spray
- Electric pulp tester
- If endo required; should be done first
  then for posterior teeth a cuspal coverage ;
  for ant. Teeth esthetic materials like composite;
  if heavily destroyed a crown should be made

Existing restorations

1) Structural integrity fracture line
2) Marginal opening recurrent caries
3) Anatomical forms
4) Restoration related PDL health roughness ; overhang ; biologic width;crown lengthening
5) Occlusal / proximal contacts



Existing restorations

6) Caries lesion

visual ; tactile ; X rays ;diagnodent

7) Esthetics

metal display   discolorations;
metal   show through (gray);
recurrent caries(brown-yellow)
poor match ;
poor PDL response (next slide)

Existing restorations

Occlusion; occlusal wear; erosion

- Occlusal interferences between CR and MI (mobility ;excessive wear)
- Number and position of occlusal contacts (determine the kind of restoration)
- Inter arch space available
- Wear (abrasiveness of each material; attrition/abrasion; physiologic or pathologic)
- Microfilled comp. exhibit wear like enamel
- Hybrid comp. exhibit and generate wear more than enamel / amalgam
- Ceramics generate more wear

Occlusion; occlusal wear; erosion

- Erosion (chemical) lemon sucking; gastric reflux
- GERD= Gastro Esophageal Reflux Disease
- Bulimia= acidic dissolution (abnormal appetite; eating disorder mainly affecting women (characterized by compulsive overeating followed by self-induced vomiting)
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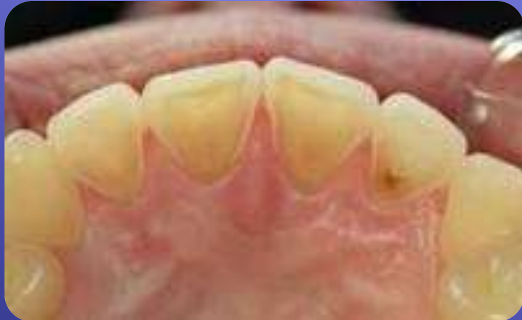
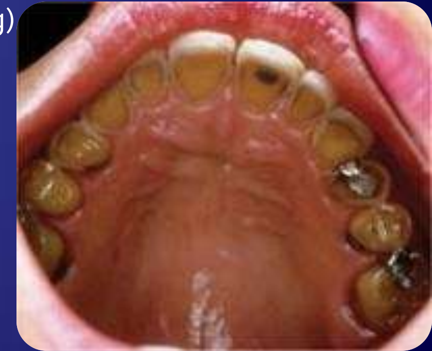




- Abfraction: non carious lesion (abrasion + occlusally induced tooth flexure

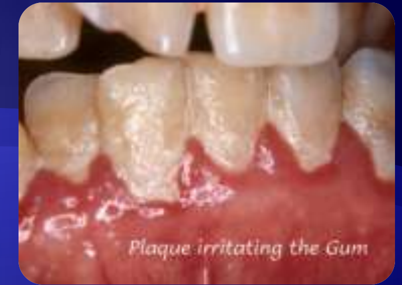
Tooth fracture

- Complete
- Incomplete = crack tooth syndrome
  discomfort on chewing;
  unexplained cold sensitivity;
  pain on application/release of pressure;
  non holding cusps more ;
  35-50 yrs more;
  trans illumination / bite test(tooth slooth)

Overall esthetic evaluation

- Stained discolored teeth
- Unaesthetic contoured teeth
- Spacing
- Carious lesions
- Dark buccal corridore
- Unaesthetic soft tissue color

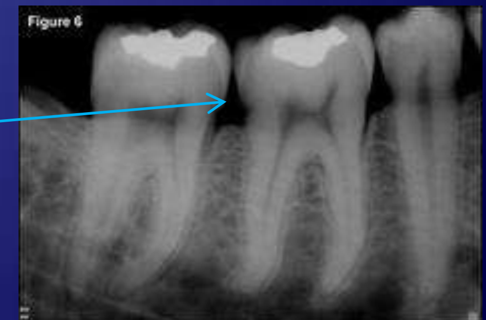
Evaluation of Periodontium



- Attachment level; tissue color; texture; edema; contour;
- Bone topography- bitewing
- Tooth mobility
- Tissue health

- X-ray evaluation
- patient specific criteria
- For pt. with PDL disease PA is mandatory
- Evaluate contacts ; BW xray
- For pt. with no signs OPG is sufficient

- Note the Cervical burn out
(healthy structures that imitate caries in x ray; specially in cervical region)



Evaluation of diagnostic casts

- Diagnostic casts are not necessary for all patients

Treatment plan

- Some problem may be omitted;
  eg: defective rest. + poor perio condition ext. not storation

- Some treatments need additional treatments ;
  eg: crown need a crown lengthening first

Treatment plan

- Primary factors to be considered:

1) *The amount of remained tooth* (fracture resistance; type of restoration); in deep and wide cavity prep. a full coverage should be considered ; in ant. When sufficient enamel remained a comp. filling is indicated; if esthetically compromised a PLV is indicated; if significant tooth has been lost a crown is indicated
2) *The functional needS.(*pt. with minimal tooth destruction needs conservative tx. But those with high destructions need mere resistant restoration like crown)
3) *The Esthetic needs*
4) *Overall treatment plan* (crown before RPD on a weak tooth to prevent some retreatment)

Treatment sequence

1) Severity of disease(most symptomatic/deepest caries should be treat first)
2) Esthetic needs (social activities , ant teeth)
3) Effective use of time (quadrant dentistry)

- Some sequence should be altered based on patients desire / financial aids
- Some times dentist should guide the pt. for decision (diastema closure with comp. result in wide tooth = space distribution first)

- In step wise fashion entire problem is broken down in to its individual component

Dental Records

1) Organization and documentation
2) 3rd party payment
3) Legal purpose
4) Forensic purpose (case presentation)

Dental Records include:

1) Charting examination = findings: restorations . PDL condition, tilted teeth,...
2) Medical history and consultations
3) Problem list
4) Treatment plan
5) Description of treatment
6) Consent documentation
7) Follow up assessment
8) Itra/extra oral photographs

Format used to document

- SOAP

- **S**<u>**ubjective findings**</u> : chief complain; symptoms ; on patients word
- **O**<u>**bjective findings**</u> : examination findings; result of diagnostic tests, ...
- **A**<u>**ssessment**</u> : dentist diagnosis based on above
- **P**<u>**lan of treatment**</u> : the treatment / the procedure

Thank you for your attention

Schwartz
ch. 2

Remember Examination