THE TEAM
TRAINING INSTITUTE

PERIODONTAL EXPLOSION

Hygiene Training Day



Maximizing the Role of the Periodontal Therapist



www.TheTeamTrainingInstitute.com

PERIODONTAL THERAPIST ROLE

How can we elevate patient health in this role?

It takes time to create excellence.
If it could be done quickly,
more people would do it.
- John Woode

IDEAL PERCENTAGE FOR PERIO

- Less than 10% - DANGER ZONE
- 20-30% is Healthy
- 40% and above - DANGER ZONE

What percent of your patients are you treating for periodontal disease? _____

ORAL-SYSTEMIC CONNECTION

What information will you share with your patients?

3 LEVELS OF CARE

1. Preventive Oral Prophylaxis
2. Therapeutic Scaling and Root Planing
3. Supportive Periodontal Maintenance

3 STAGES OF PERIODONTAL DISEASE

1. Grade A - Slow rate of progression
2. Grade B - Moderate rate of progression
3. Grade C - Rapid rate of progression

EXERCISE

Patient #1 Existing Patient - 48 Years Old

- Has been one year since last cleaning
- Dry mouth from meds
- Taking medication for high blood pressure
- History of heart disease in his family
- Localized 4-5mm pocketing in posterior areas
- Early crestal bone loss
- Calculus visible slightly on radiographs and clinical on lower lingual anterior teeth
- Slight bleeding in posterior areas on probing

What's your diagnosis and treatment plan? Why?

Periodontal Health Assessment

(Circle the description that best describes present condition)

Tissue Appearance	
Pink firm	0
Slightly red	1
Moderate redness	2
Magenta	3

Bleeding	
No bleeding	0
Slight bleeding	1
Moderate bleeding	2
Profuse bleeding	3

Calculus Deposits	
Light to none	0
Slight supragingival	1
Moderate supra and sub	2
Heavy subgingival	3

Pocketing	
Under 3 mm	0
3-4 mm pocketing	1
4-5 mm pocketing	2
5-6 mm pocketing	3
6 mm+	4

Bone Levels	
No bone loss	0
Early crestal bone loss	1
Moderate bone loss	3
Advanced bone loss	4

Mobiity	
No Mobility	0
Class I Mobility	1
Class II Mobility	2
Class III Mobility	3

Patient Management Issues	
Smoking habit	1
Diabetes	1
Difficult management	1
Heavy stain	1

TOTAL OF ALL POINTS*		
0-3 pts	=	Healthy
4-5 pts	=	Gingivitis 4346/4355
6-9 pts	=	Stage I Initial Periodontitis
9-14 pts	=	Stage II Moderate Periodontitis
14+ pts	=	Stage III Severe Periodontitis/Chance of Tooth loss Stage IV Severe Periodontitis with risk of Loss of Dentition

EXERCISE

Patient #2 Existing Patient - 42 Years Old

- Comes in every 6 months
- Mouth breather
- Heavy calculus
- Deposits seem to be increasing in severity and more inflammation is present
- “Doing her best” with home care
- Tissue has moderate BOP
- Pocket depths 3-4mm
- No bone loss on radiographs
- No subgingivial deposits on radiographs

What’s your diagnosis and treatment plan? Why?

CDT CODING CONSIDERATIONS

PERIODONTAL TREATMENT PROTOCOL

1. Pre-Treatment - In our protocol, the pre-treatment consists of a full mouth debridement plus anti-microbials.
2. Comprehensive Disinfection - A combination of scaling and root planing plus biofilm reduction techniques are utilized to achieve this.
3. Home Care
4. Treatment of Partner

GINGIVITIS TREATMENT PROTOCOL

1. Appointment #1: Full Mouth Debridement (D4355) or Inflammation Scaling (D4346); Biofilm Disruption (Laser Bacterial reduction or Airflow); Subgingival Irrigation with Essential Smiles; OHI and Products; Nutritional Counseling
2. Appointment #2: Evaluation of Progress/Probing; Fine Scaling; Polish (prophy is billed); Fluoride Varnish; Discern Necessary Recall; Schedule Appointment

STAGE ONE TREATMENT PROTOCOL

1. Appointment #1: Full Mouth Debridement (D4355) or Gingivitis Scaling (D4346); Antimicrobials with Essential Smiles; OHI; Nutritional Counseling
2. Appointment #2: Biofilm disruption (laser of airflow); Scaling and root planing; Sub-gingival irrigation
3. Appointment #3: Full-mouth Probe; Assess healing; Periodontal Maintenance; Anti-microbial Mouthrinse; Topical Fluoride; Discern necessary continuing care intervals, most likely every 3 months



Manage patient discomfort with an oral rinse.

STAGE TWO TREATMENT PROTOCOL

1. Appointment #1: Full Mouth Probe; Pre-procedural Rinse; Full Mouth Debridement; Systemic Health Concerns Addressed; Anti-Microbial Mouthrinse (Essential Smiles); Home Care Instruction and Tools
2. Appointment #2: Pre-procedural Rinse; Biofilm DisruptionTherapy (laser/airflow) Completed First; Scaling and Root Planing Completed All 4 Quadrants; Subgingival Irrigation; Nitrous Should be Adequate for 90% of Patients
3. Appointment #3: Full-mouth Probe; Pre-procedural Rinse; Periodontal Maintenance; Anti-microbial Mouthrinse; Topical Fluoride; Discern necessary continuing care intervals, most likely every 3 months

STAGE THREE TREATMENT PROTOCOL

1. Appointment #1: Full Mouth Probe; Pre-procedural Rinse; Full Mouth Debridement; Systemic Health Concerns Addressed; Anti-Microbial Mouthrinse (Essential Smiles); Home Care Instruction and Tools
2. Appointment #2: Pre-procedural Rinse; Biofilm DisruptionTherapy (laser/airflow) Completed First; Scaling and Root Planing Completed All 4 Quadrants; Subgingival Irrigation; Nitrous Should be Adequate for 90% of Patients
3. Appointment #3: Full-mouth Probe; Pre-procedural Rinse; Periodontal Maintenance with fine scaling as needed; Anti-microbial Mouthrinse; Topical Fluoride; Bonded Protective agent as needed for sensitivity; Discern necessary continuing care intervals, and need for referral to specialist

BIOFILM DISRUPTION

1. Laser Bacterial Reduction
2. Laser Sulcular Debridement
3. Guided Biofilm Therapy

EXERCISE

Patient #1 17 Years Old

- Vapes
- Irregular dental care

Patient #2 48 Years Old

- Sensitive teeth and bleeding gums
- Family history of diabetes, high blood pressure, osteoarthritis and osteoporosis
- Taking Microzide®, OTC antihistamines

What's your diagnosis and treatment plan for each patient? Why?

SUPPORTIVE PERIODONTAL MAINTENANCE

1. Code correctly for procedure being performed
2. Differentiate the visit clearly for the patient
3. Know when maintenance is not enough to keep patient healthy

5 STEPS TO ACCEPTANCE FOR PERIODONTAL THERAPY

1. Keep it simple and use recommended verbiage when probing
2. Show the patient what we see
3. Complete the health assessment and review findings
4. Review findings with perio brochure
5. Find the money with a simple financial process

5 Steps to Perio Case Acceptance Training

INFORMED CONSENT

- Document to avoid liability
- Proceed cautiously
- Irregular dental care

Perio Brochure

TEAM ACTION PLAN

PERSONAL ACTION PLAN

NOTES

PREVALENCE OF DISEASE

- The Centers for Disease Control and Prevention estimate that 47% of adults 30 years of age and older in the United States have some form of periodontal disease, ranging from mild to severe. At age 65 years and older, 70% of adults have moderate to severe periodontal disease.
- Research published in National Institute of Dental Research found that gingivitis is present in up to 90% of the population. 74% of patients age 13-17 have subgingival deposits. 90% of patients age 17+ have subgingival deposits. Only 10% of all sites examined had ONLY supragingival deposits.

IMPACT OF ORAL DISEASE

- The Scottish Health Survey found that poor oral hygiene increases risk of heart disease by 70%.
- Results From the National Health and Nutrition Examination Survey showed that gum disease worsens blood pressure and interferes with medications to treat hypertension.
- Women with gum disease are 7x more likely to deliver a pre-term baby with low birthweight due to inflammatory mediators.
- Oral infections can trigger a series of events where the bacteria from an inflamed tooth or gums spreads to the optic nerve.
- People with high levels of a specific oral bacterium are 59% more likely to get pancreatic cancer.
- According to the National Institute of Health, periodontitis and peri-implantitis are two major biofilm-induced inflammatory diseases that lead to the loss of teeth and oral implants if left untreated.
- A study in the Journal of American Heart Association found that up to 50% of all heart attacks may be triggered by oral bacteremia.
- A summary of a meta-analysis published in Biology magazine found periodontal disease increases the risk of mortality due to cardiovascular disease by 47%.
- Epidemiological studies related to molecular pathology, published in Cancer Medicine, have revealed that there is a close relationship between oral microbiota and tumor occurrence.
- Findings published in the International Journal of Cancer suggest an association between periodontal pathogens and Oral Cavity-SCC in non smoking HPV negative patients.

IMPACT OF OTHER CONDITIONS ON ORAL HEALTH

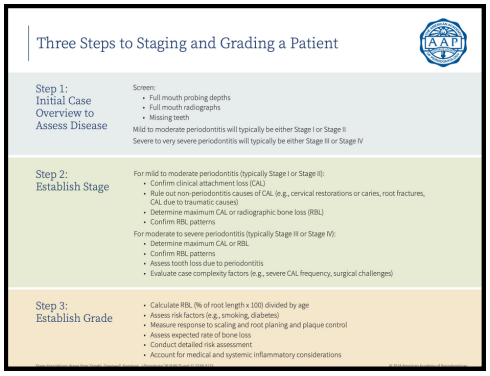
- Osteoperosis may lead to tooth loss because the density of the bone that supports the teeth may be decreased, which means the teeth no longer have a solid foundation.
- Stress affects the immune system, reducing your body's defense against the bacteria that can lead to gum infection.

ORAL DISEASE TREATMENT

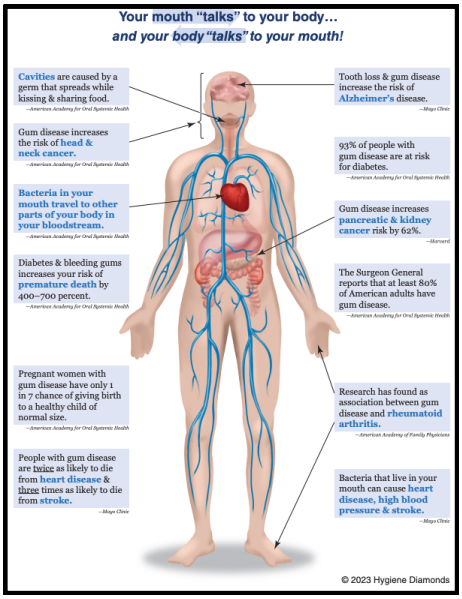
- As reported in the Journal of Periodontology, bacteria levels return to pre-treatment levels within 21-60 days after scaling and root planing.
- A University study in Belgium found that with full mouth disinfection, there was on average 1.5mm greater pocket depth reduction (healing) than sites that were treated at two-week intervals
- A clinical trial published in Lasers in Surgery and Medicine examined the long-term effect of diode laser therapy on periodontal pockets and found bacterial reduction with diode laser therapy was significantly better than in the control group; index of bleeding on probing improved 96.9% in the laser-group, whereas only 66.7% in the control.
- As reported in Pharmacy Magazine, essential oils have the potential to be used as therapeutic agents for many oral disease due to their antimicrobial, antibacterials, antiviral, antifungal, and anti-inflammatory properties. Essential oils have been found to prevent the adhesion and formation of biofilm and reduce biofilm formation.

To access these resources, log in to the member portal and navigate to “Downloadable Resources”.

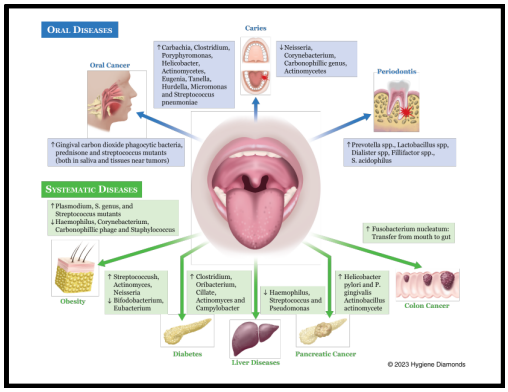
New Perio Classifications



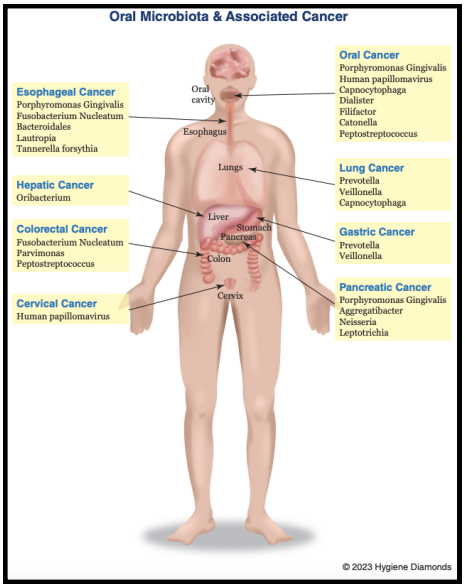
Mouth Body Connections



Oral-Systemic Disease Image



Oral Microbiota & Associated Cancer



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For additional periodontal training and resources, log in to the member portal.

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